

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90132 025 ***158.75

DOCUMENT # J63562

1. Entity Name
JUDD TILE COMPANY, INC.



Principal Place of Business

14348 NW 53 CT RD
CITRA, FL 32113 US

Mailing Address

14348 NW 53 CT RD
CITRA, FL 32113 US

50006602



2. Principal Place of Business

6596 NE Jacksonville Rd.
Suite, Apt. #, etc.

3. Mailing Address

2704 NE 1st Ave
Suite, Apt. #, etc.

03252006 Chg-P CR2E034 (11/05)

City & State

Ocala, FL

City & State

Ocala, FL

4. FEI Number
59-2805273

Applied For
Not Applicable

Zip
34479

Country
US

Zip
34470-3511

Country
US

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JUDD, MILLARD R III
14348 NE 53 CT RD
CITRA, FL 32113

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Millard R. Judd III Millard Ray Judd III Pres/D 3-27-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	JUDD, MILLARD R	
STREET ADDRESS	2704 NE 1ST AVE	
CITY-ST-ZIP	OCALA, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JUDD, MILLARD R III	
STREET ADDRESS	14348 NE 53 CT RD	
CITY-ST-ZIP	CITRA, FL 32113	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JUDD, KEITH	
STREET ADDRESS	5634 E CTY RD 316	
CITY-ST-ZIP	CITRA, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Millard R. Judd III Millard Ray Judd III 3-27-06 352-236-1686
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #