


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

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|--|---|
| DOCUMENT # J86225 1. Entity Name JUDDSON ENTERPRISES, INC. |  |
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| Principal Place of Business 2130A ANDREA LANE FT. MYERS, FL 33912 | Mailing Address 2130A ANDREA LANE FT. MYERS, FL 33912 |
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DO NOT WRITE IN THIS SPACE



03242006 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 59-2832006 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LAWTON, ROBERT J
8410 RIVIERA AVENUE
FORT MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAWTON, ROBERT J 8410 RIVIERA AVENUE FT. MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LAWTON, SUSAN F 8410 RIVIERA AVENUE FT. MYERS, FL 33919 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LAWTON, MATTHEW J 350 COCOHATCHEE DRIVE NAPLES, FL 34110 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/19/06-80056-006 150.00

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:  **ROBERT J. LAWTON** **4/2/06** **239-433-3335**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #