2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # K35585 Apr 28, 2006 08:00 AN Secretary of State 1. Entity Name JUDGE BEARDEN COMPANY, INC. Principal Place of Business Mailing Address 3800 S TAMIAMI TR #311 P.O. BOX 25302 SARASOTA FL 34277 SARASOTA FL 34277 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE.__ CR2E034 (10/Q5) Applied For City & State City & State 4. FEI Number 65-0084233 Not Applicable Country Zip Country Ζıp \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DICKINSON, PATRICK H. Street Address (P.O. Box Number is Not Acceptable) 1750 RINGLING BLVD. SARASOTA FL 34236 City 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 Signature, typed or printed name of registered agent and title if applicable (NOFE Registered Agent signature required when remistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Change TITLE PTD ☐ Detete HILE Addition 🔲 BEARDEN, J. WESLEY NAME NAME STREET ADDRESS STREET ADDRESS 4373 TRAILS DR U00000543218 CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP 05/10/06 00120 010 150 Delete BEARDEN, BARBARA J. NAME NAME STREET ADDRESS STREET ADDRESS 6020 MIDNIGHT PASS RD 58 City - ST-7/P CITY - ST - ZIP SARASOTA FL ☐ Delute TITLE ☐ Change ☐ Addition HILE NAME MAMir STREET ADDRESS STREET ADDRESS CITY - ST - ZIP City-ST-ZIP THILE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE [7] Chance Addillon STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR