2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # K35585 **FILED** 1. Entity Name JUDGE BEARDEN COMPANY, INC. Jul 28, 2008 08:00 AM **Secretary of State** Principal Place of Business Mailing Address 3800 S TAMIAMI TR #311 SARASOTA FL 34277 P.O. BOX 25302 SARASOTA FL 34277 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 2nd MOORE CR2E034 (4/08) City & State City & State 4. FEI Number Applied For 65-0084233 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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, (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 3, 2008 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change Addition MAME BEARDEN, J. WESLEY NAME U00000956467 U7/28/U8-80004-017 550.00 STREET ADORESS 4373 TRAILS DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY - ST - ZIP TITLE SD Delete пле ☐ Change ☐ Addition BEARDEN, BARBARA J. NAME STREET ADDRESS 6020 MIDNIGHT PASS RD 58 STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIF TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE □ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDIRESS 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 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 orbit: 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:

\*\*DEARDEN\*\* 7-28-08\*\*

\*\*DEARDEN\*\* 7-28-08\*\*

\*\*SIGNATURE:\*\*

\*\*DEARDEN\*\* 7-28-08\*\*

\*\*Total Control of the same legal effect as if made under orbit: 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.