

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K53439

**FILED**  
**Mar 27, 2008**  
**Secretary of State**

**Entity Name:** RANDY DUDLEY C.L.U., INCORPORATED

**Current Principal Place of Business:**

14 PALMETTO  
BIG PINE KEY, FL 33043

**New Principal Place of Business:**

**Current Mailing Address:**

RANDY DUDLEY, CLU  
PO BOX 430726  
BIG PINE KEY, FL 330430726 US

**New Mailing Address:**

RANDY DUDLEY, CLU  
PO BOX 430726  
BIG PINE KEY, FL 33043 US

**FEI Number:** 65-0092448

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUDLEY, RANDOLPH G.  
14 PALMETTO  
BIG PINE KEY, FL 33043 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DUDLEY, RANDOLPH G.,  
Address: P.O. BOX 430726 29235 COCONUT PALM D  
City-St-Zip: BIG PINE KEY, FL 33043 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** RANDOLPH G. DUDLEY

PRES

03/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date