

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K73721**

1. Entity Name  
**BUD 'N DEE, INC.**



Principal Place of Business

10004 N. DALE MABRY  
SUITE 102  
TAMPA, FL 33618

Mailing Address

8907 FOX TRAIL  
TAMPA, FL 33626



01312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2938554**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHNEIDER, GERARD M.  
8907 FOX TRAIL  
TAMPA, FL 33626

**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

*Gerard M. Schneider*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-10-05**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UN00000262097  
03/14/05-80037-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	SCHNEIDER, GERARD M
STREET ADDRESS	8907 FOX TRAIL
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	PSTD
NAME	SCHNEIDER, DELORES M.
STREET ADDRESS	8907 FOX TRAIL
CITY-ST-ZIP	TAMPA, FL 33626
TITLE	D
NAME	GOODRICH, KRISTA L
STREET ADDRESS	863 VANDA TERRACE
CITY-ST-ZIP	WESTON, FL 33327
TITLE	D
NAME	SCHNEIDER, MICHAEL H
STREET ADDRESS	2851 AUGUSTA DR
CITY-ST-ZIP	COMMERCE TOWNSHIP, MI 48382
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Gerard M. Schneider*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-10-05 813-963-6628**  
Date Daytime Phone #