


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K73721</b> 1. Entity Name <b>BUD 'N DEE, INC.</b>	
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Principal Place of Business <b>10004 N. DALE MABRY SUITE 102 TAMPA, FL 33618</b>	Mailing Address <b>8907 FOX TRAIL TAMPA, FL 33626</b>
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01172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2938554</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SCHNEIDER, GERARD M. 8907 FOX TRAIL TAMPA, FL 33626</b>
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**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 re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

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

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02/20/06-80070-019 150.00

**DO NOT WRITE  
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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:** Gerard M. Schneider Gerard Schneider, V Pres 2-5-06 813-963-6628  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #