

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # M71413

1. Entity Name
BUD WAREHOUSES, INC.



Principal Place of Business
**2017 DOGWOOD HILL
TALLAHASSEE, FL 32308 US**

Mailing Address
**PO BOX 1382
TALLAHASSEE, FL 32302-1382 US**

DO NOT WRITE IN THIS SPACE



04152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2888740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STRAUSS, T. B.
2017 DOGWOOD HILL
TALLAHASSEE, FL 32308**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRAUSS, T. B.
STREET ADDRESS	2017 DOGWOOD HILL
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	D
NAME	STRAUSS, JUNE, F
STREET ADDRESS	2017 DOGWOOD HILL
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	D
NAME	REDDING, LESLIE S.
STREET ADDRESS	2008 DOGWOOD HILL
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/28/07-80015-016 150.00

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: Leslie S. Redding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/07 850-386-3430
Date Daytime Phone #