ANNUAL REPORT	Secretary of State
DOCUMENT # P01000024682 1. Entity Name JUDITH ANN BROGDEN, P.A.	05-08-2007 90014 014 ***150.00
Principal Place of Business 1403 VENTANA DRIVE 106 SILVER FALLS RUSKIN, FL 33570 Apollo Beach, FL. 33572 Apollo Beach, FL. 33572	
DO NOT WRITE IN THIS SPACE	04072007 No Chg-P CR2E034 (11/05) 4. FEI Number
BROGDEN, JUDITH ANN 1493 VENTANA DRIVE 106 SILVER FALLS DR. RUSKIN, FL 33579 Apollo Beach, FL. 33572	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registe the obligations of registered agent. SIGNATURE SIGNATURE Signature, typed or printed harme of registered agent and bitled applicable. (NOTE: Registered Agent signature requires FILE NOW!!! FEE IS \$150.00	red agent, or both, in the State of Florida. I am familiar with, and accept a cooker of the cooker o
After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Add 10. OFFICERS AND DIRECTORS TITLE PST NAME BROGDEN, JUDITH ANN STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE SIGNATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	same legal effect as if made under oath; that I am an officer or director