

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90048 048 ***150.00

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| DOCUMENT # P01000068543 | | | | | |
| 1. Entity Name GARY BUDD INC. | | | | | |
| Principal Place of Business 7589 CORDOBA CIRCLE NAPLES, FL 34109 | | | Mailing Address 7589 CORDOBA CIRCLE NAPLES, FL 34109 | | |
| 2. Principal Place of Business 4324 Brynwood Dr. Suite, Apt. #, etc. | | 3. Mailing Address 4324 Brynwood Dr. Suite, Apt. #, etc. | | | |
| City & State Naples, FL | | City & State Naples, FL | | 4. FEI Number 65-1125782 | |
| Zip 34119 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUDD, GARY 7589 CORDOBA CIRCLE NAPLES, FL 34109 4324 Brynwood Dr. 34119 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD BUDD, GARY 7589 CORDOBA CIR NAPLES, FL 34109 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4324 Brynwood Dr. Naples, FL 34119 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUDD, SARAH 7589 CORDOBA CIRCLE NAPLES, FL 34109 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4324 Brynwood Dr. Naples, FL 34119 | |
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| 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: <i>GARY BUDD</i> | | | DATE: 03-14-05 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DAYTIME PHONE # 239 513 9224 | | |

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03102005 Chg-P CR2E034 (10/03)