


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
- Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000000568 1. Entity Name FUDCENTRAL, INC.	
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Principal Place of Business 20001-A EMERALD COAST PARKWAY DESTIN, FL 32541	Mailing Address 20001-A EMERALD COAST PARKWAY DESTIN, FL 32541
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03212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0008868	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EDWARDS, TIM 20001-A EMERALD COAST PARKWAY DESTIN, FL 32541
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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST EDWARDS, TIMOTHY M 500 WALTON WAY MIRAMAR, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KROEGER, CHESTER G 606 LAGOON DRIVE DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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:  04-14-05 850 654 1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #