

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000039652**

1. Entity Name  
**BUDDMART, INC.**



Principal Place of Business  
**474 PURPLE FINCH WAY**  
**PALM HARBOR, FL 34683**

Mailing Address  
**474 PURPLE FINCH WAY**  
**PALM HARBOR, FL 34683**



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **03-0425934** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MARTELL, DOUGLAS A**  
**474 PURPLE FINCH WAY**  
**PALM HARBOR, FL 34683**

**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, 2005 Fee will be \$550.00**

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

**000000183750**  
**01/20/05-80002-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
 NAME **MARTELL, DOUGLAS A**  
 STREET ADDRESS **474 PURPLE FINCH WAY**  
 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **V**  
 NAME **BUDD, KIRK M**  
 STREET ADDRESS **1757 BARN OWL WAY**  
 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **T**  
 NAME **BUDD, JENNIFER L**  
 STREET ADDRESS **1757 BARN OWL WAY**  
 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **S**  
 NAME **MARTELL, SUSANNE C**  
 STREET ADDRESS **474 PURPLE FINCH WAY**  
 CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**DO NOT WRITE 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/05**

Date

**727-784-5223**

Daytime Phone #