## 2006 FOR PROFIT CORPORATION . ANNUAL REPORT

## FILED Jan 30, 2006 08:00 AN Secretary of State

	AIMAOA	LKEPUKI		Jan 30, 2000 00:00 A
DOCUMENT # P0200058007  1. Entity Name UPDIKE ENTERPRISES, INC.				Secretary of State
Principal Place of Business  68 MAMMOTH GROVE RD LAKE WALES, FL 33859-0231  P.O. BOX 231 LAKE WALES, FL 33859-023				
D		E IN THIS SPA	CE	CR2E034 (11/05)      Pel Number
6. Name and Address of Current Registered Agent UPDIKE, LAWRENCE C 68 MAMMOTH GROVE RD. LAKE WALES, FL 33853  8. The above named entity submits this statement for the purpose of changing its registered.				DO NOT WRITE IN THIS SPACE
SIGNATURE	Signature, typed or printed name of registered age  E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550	9. Election Campaign Finar		.00 May Be   02/08/06-80032-008 150.00
10.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND SD UPDIKE, LAWRENCE C 68 MAMMOTH GROVE RD LAKE WALES, FL 338987330 VD UPDIKE, SAMUEL D 68 MAMMOTH GROVE RD LAKE WALES, FL 338987330			
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	PD UPDIKE, JOHN C JR. 68 MAMMOTH GROVE RD LAKE WALES, FL 338987330			DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				<del>_</del>

12. I hereby certify that the information supplied with this filing does not qualify for the examptions 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 addresse, with all other like empowered.

IREAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

John C. Updike, Jr.

1/27/06

863-696-1487

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Dayûme Phone #