2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058007

City-St-Zip:

LAKE WALES, FL 338987330

Entity Name: UPDIKE ENTERPRISES, INC

FILED Jan 08, 2009 Secretary of State

| Littly Nai | IIIE. OFDIKE | LINTERFRIOLO, INC. | | | |
|---|---|----------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 68 MAMMOTH GROVE RD LAKE WALES, FL 338590231 | | | | 68 MAMMOTH GROVE RD LAKE WALES, FL 338987330 US | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| P.O. BOX 231 LAKE WALES, FL 338590231 | | | P.O. BOX 231 LAKE WALES, FL 33 | P.O. BOX 231 LAKE WALES, FL 338590231 US | |
| FEI Number: 04-3673359 FEI Number Applied For (| | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| UPDIKE, LAWRENCE C 68 MAMMOTH GROVE RD. LAKE WALES, FL 33853 US | | | 68 MAMMOTH GROV | UPDIKE, LAWRENCE C 68 MAMMOTH GROVE RD. LAKE WALES, FL 338987330 US | |
| The above in the State | e named entity : e of Florida. | submits this statement for the p | urpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATURE: | | | | 01/08/2009 | |
| | Electror | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | SD () UPDIKE, LAWF 68 MAMMOTH LAKE WALES, | GROVE RD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | UPDIKE, SAMU 68 MAMMOTH | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | PD () UPDIKE, JOHN 68 MAMMOTH | | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LAWRENCE C. UPDIKE SD 01/08/2009