


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90531 029 ***150.00

DOCUMENT # P02000066353 1. Entity Name UDI HOLDING COMPANY, INC.					
Principal Place of Business 1605 E PLAZA DR STE 102 TALLAHASSEE, FL 32308			Mailing Address 1605 E PLAZA DR STE 102 TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0728074	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CROMER, RAY E JR 440 N MONROE ST TALLAHASSEE, FL 32301				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, 2004 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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CROMER, RAY E JR	NAME			
STREET ADDRESS	440 N MONROE ST	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, RAYMOND M JR	NAME			
STREET ADDRESS	1605 E PLAZA DR STE 102	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TAYLOR, BEVERLY	NAME			
STREET ADDRESS	1605 E PLAZA DR, STE 102	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENFINGER, WILLIAM C	NAME			
STREET ADDRESS	303 E WASHINGTON ST	STREET ADDRESS			
CITY-ST-ZIP	CHATTAHOOCHEE, FL 32324	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LINDSTROM, LANCE	NAME	James Gurninski, Controller		
STREET ADDRESS	1605 E PLAZA DR, STE 102	STREET ADDRESS	1605 E Plaza Dr. Ste 102		
CITY-ST-ZIP	TALLAHASSEE, FL 32308	CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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>Ray E Cromer</i>		4/21/04 850.942.9000 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					