

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000109286

Entity Name: JUDI'S CHARTER BUS, INC.

FILED
Jan 17, 2006
Secretary of State

Current Principal Place of Business:

217 WEST HUBBARD AVENUE
DELAND, FL 32130

New Principal Place of Business:

217 WEST HUBBARD AVENUE
DELAND, FL 32720

Current Mailing Address:

PO BOX 471
DELEON SPRINGS, FL 32130

New Mailing Address:

217 WEST HUBBARD AVE
DELAND, FLORIDA, FL 32720

FEI Number: 50-0005529

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, KEITH
217 WEST HUBBARD AVENUE
DELAND, FL 32130 US

Name and Address of New Registered Agent:

HOLMES, KEITH
217 WEST HUBBARD AVENUE
DELAND, FL 32720 US

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.

SIGNATURE:

01/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: HOLMES, KEITH
Address: 217 WEST HUBBARD AVENUE
City-St-Zip: DELAND, FL 32130

Title: D () Delete
Name: JACKSON, ANITA FAYE
Address: 866 LISKEARD AVE.
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: WINNS, MICHELL
Address: 217 WEST HUBBARD AVENUE
City-St-Zip: DELAND, FL 32130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WINNS, MICHELL
Address: 1941 HOWLAND BLVD
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: KEITH G HOLMES

PCEO

01/17/2006

Electronic Signature of Signing Officer or Director

Date