

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90394 020 \*\*\*150.00

**DOCUMENT # P03000065090**

1. Entity Name  
**JASON MUDD & ASSOCIATES, INC.**



Principal Place of Business  
**200 E FORSYTH ST  
JACKSONVILLE, FL 32202 US**

Mailing Address  
**P.O. BOX 15542  
FERNANDINA BEACH, FL 32035**

2. Principal Place of Business

3. Mailing Address

**200 E Forsyth St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Jacksonville, FL**

Zip

Country

Zip

**32202**

Country

**USA**

04092006

Chg-P

CR2E034 (11/05)

4. FEI Number  
**56-2369568**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WATSON, HENRIETTA  
PO BOX 49251  
JACKSONVILLE BEACH, FL 32240**

7. Name and Address of New Registered Agent

Name **TABITHA MUDD**

Street Address (P.O. Box Number is Not Acceptable)

**2042 Neptune Ct.**

City **Fernandina Beach**

**FL**

Zip Code

**32034**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
MUDD, FRANCIS J  
346 OTTER RUN DR.  
FERNANDINA BEACH, FL 32034** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MUDD, TABITHA J  
346 OTTER RUN DR.  
FERNANDINA BEACH, FL 32034** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
MUDD, FRANCIS J.  
2042 Neptune Ct  
FERNANDINA BEACH, FL 32034** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
MUDD, TABITHA J.  
2042 Neptune Ct  
FERNANDINA BEACH, FL 32034** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

SIGNATURE:

*Tabitha J Mudd*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-06**

**904-261-4199**

Date

Daytime Phone #