

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000139064

1. Entity Name  
BUDDY NELSONS INC



Principal Place of Business  
106 PIMLICO DR.  
CRAWFORDVILLE, FL 32327

Mailing Address  
106 PIMLICO DR.  
CRAWFORDVILLE, FL 32327

FILED  
07 MAR 28 PM 2:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03232007 Chg-P CR2E034 (12/06)

4. FEI Number  
20-0425137

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

BENFIELD, RON  
58 SIOUX CIR  
HAVANA, FL 32333

## 7. Name and Address of New Registered Agent

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fee

300095893689  
05/07--01036--018 \*\*150.00

## 10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME NELSON, BUDDY  
STREET ADDRESS 106 PIMLICO DRIVE  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE VP ☒ Delete  
NAME HODGE, BRIAN II  
STREET ADDRESS 106 PIMLICO DR.  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VP ☐ Change ☒ Addition  
NAME Walter Carey  
STREET ADDRESS 106 Pimlico Dr  
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

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

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

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

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

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:

*Buddy Nelson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/07  
Date

Daytime Phone #