

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90042 006 \*\*\*150.00

**DOCUMENT # P05000156253**

1. Entity Name  
THE CUDA THRU, INC.



Principal Place of Business  
10011 HIGHWAY 441 NORTH  
OKEECHOBEE, FL 34974

Mailing Address  
POST OFFICE BOX 123  
OKEECHOBEE, FL 34973-0123

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1551 NW 98th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Okeechobee, FL

Zip

Country

Zip

Country

34972

Okeechobee

03142007

Chg-P

CR2E034 (12/06)

4. FEI Number

22-3918414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

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

*Barbara L. McKane*  
Signature, typed or printed name of registered agent and file # applicable.

Barbara L. McKane

(NOTE: Registered Agent signature required when reinstating)

4/23/07

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 Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
ASH, BARBARA L  
10011 HIGHWAY 441 NORTH  
OKEECHOBEE, FL 34974 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PSTD  
McKane, Barbara L.  
1551 NW 98th St.  
Okeechobee, FL 34972 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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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:

*Barbara L. McKane*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Date

863-634-3652

Daytime Phone #