

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000005057

FILED  
May 12, 2008  
Secretary of State

Entity Name: P FUDGE & ASSOCIATES, INC.

## Current Principal Place of Business:

460 S. MILWEE ST  
LONGWOOD, FL 32750

## New Principal Place of Business:

6960 ALOMA AVE  
WINTER PARK, FL 32792

## Current Mailing Address:

211 LAKE GENE DR  
LONGWOOD, FL 32779

## New Mailing Address:

FEI Number: 20-4532859      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FUDGE, PAUL  
211 LAKE GENE DR.  
LONGWOOD, FL 32779      US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title:      DIR      ( ) Delete  
Name:      FUDGE, PAUL  
Address:      211 LAKE GENE DR.  
City-St-Zip:      LONGWOOD, FL 32779

Title:      VP      ( ) Delete  
Name:      FUDGE, MELONIE  
Address:      211 LK GENE DR  
City-St-Zip:      LONGWOOD, FL 32779

Title:      VP      ( ) Delete  
Name:      FUDGE, DOUGLAS  
Address:      3279 FOREST OAKS CT  
City-St-Zip:      WINTER PARK, FL 32792

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PAUL FUDGE

DIR

05/12/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date