


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90021 012 ***150.00

DOCUMENT # P06000118456	
1. Entity Name J.L. DUDLEY INVESTMENT COMPANY, INC.	

Principal Place of Business 11478 PINE STREET JACKSONVILLE, FL 32258	Mailing Address 11478 PINE STREET JACKSONVILLE, FL 32258
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 11512 Lake Mead Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 303
City & State	City & State Jacksonville, FL
Zip	Zip 32256
Country	Country USA



04092008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5492718	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LAW OFFICES C. GUY BOND, P.A. 3040 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250 1512 Lake Mead Ave. Suite 303 32256	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D DUDLEY, JOHNNY L	TITLE	
NAME		NAME	
STREET ADDRESS	11478 PINE STREET	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32258	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.
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SIGNATURE: 	4-14-08	904-322-5456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #