2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000071569

Entity Name: RES JUDICATA, INC.

Name:

Address:

City-St-Zip:

FILED Mar 02, 2009 Secretary of State

	Mer recoods	o/ (1/), 11 ().				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	ERIE BLVD. , FL 33870					
Current Mailing Address:			New Mailing Address:			
	ERIE BLVD. , FL 33870					
FEI Number	:	FEI Number Applied For ()	FEI Number Not App	licable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
GOSSETT LAW OFFICES, P.A. 2221 U. S. 27 SOUTH SEBRING, FL 33870 US			2910 VALE	DARRELL, CLOUD E 2910 VALERIE BLVD. SEBRING, FL 33870 US		
	e named entity so e of Florida.	ubmits this statement for the p	ourpose of changing i	ts register	red office or registered agent, or both,	
SIGNATU	RE: DARRELL	CLOUD		03/02/2009		
	Electroni	c Signature of Registered Ag	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () CLOUD, CHRIST 2910 VALERIE E SEBRING, FL 3:	BLVD.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () I CLOUD, DARRE 2910 VALERIE E SEBRING, FL 3	BLVD.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () CLOUD, LYNN C 2910 VALERIE E SEBRING, FL 3:	SLVD.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	()	Delete	Title:	VP	() Change (X) Addition	

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.

Name:

Address:

City-St-Zip:

CLOUD, MIA R

2910 VALERIE BLVD.

SEBRING, FL 338701

SIGNATURE: CHRISTOPHER D. CLOUD P 03/02/2009