2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2006 08:00 AM Secretary of State DOCUMENT # P93000007053 1. Entity Name JUDCO, INC. Mailing Address Principal Place of Business 6570 DANIELS RD. 6570 DANIELS RD. NAPLES, FL 34109 US NAPLES, FL 34109 CR2E034 (11/05) 01182006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0430074 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, ROBERT K DO NOT WRITE 2975 OVERSEAS HIGHWAY MARATHON, FL 33050 IN THIS SPACE 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 trits if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TiTLE CASOLA, JUDITH M NAME STREET ADDRESS 6570 DANIELS ROAD U000004983<u>9</u>3 CITY-ST-ZIP NAPLES, FL 34109 04/22/06-80090-020 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET AUDRESS City-ST-ZIP NAME STREET ADDRESS

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 it made under oath; that I am an officer or direction 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP MLL NAME STREET ADDRESS CITY-ST-ZIP

06 239-596-71