2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P93000007053

1. Entity Name
JUDCO, INC.

Principal Place of Business	Mailing Address
6570 DANIELS RD. NAPLES, FL 34109 US	6570 DANIELS RD. NAPLES, FL 34109 US

DO NOT WRITE IN THIS SPACE

01192007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
65-0430074		Not Applicable

5. Certificate of Status Desired   ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, ROBERT K
2975 OVERSEAS HIGHWAY
MARATHON, FL 33050

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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 title if applicable.   (NOTE: Registered Agent signature required when reinstating)   · 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	
TITLE	DP	
NAME	CASOLA, JUDITH M	
STREET ADDRESS	6570 DANIELS ROAD	
CITY-ST-ZIP	NAPLES, FL 34109	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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05/14/07-80069-025 150.00

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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: X _Judith M Casola_   4/24/07   239-596-7190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #