## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **Secretary of State DOCUMENT # P94000050995** 02-09-2006 90031 049 \*\*\*150.00 JERRY R. BUDD, INC. Principal Place of Business Mailing Address 4531 ALDERMAN RD 4531 ALDERMAN RD BOWLING GREEN, FL 33834 BOWLING GREEN, FL 33834 01262006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0508646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BUDD, JERRY R DO NOT WRITE 4531 ALDERMAN ROAD BOWLING GREEN, FL 33834 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 A Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE BUDD, JERRY R NAME 4531 ALDERMAN RD STREET ADDRESS CITY-ST-ZIP BOWLING GREEN, FL 33834 DST TITLE NAME BUDD, LYDIA STREET ADDRESS 4531 ALDERMAN RD CITY-ST-ZIP BOWLING GREEN, FL 33834 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

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.

STREET ADDRESS CITY-ST-7IP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

Oavime Phone #

FILED Feb 09, 2006 8:00 am