2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 13, 2008 08:00 Al Secretary of State

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DOCUMENT # P9400050995 1. Entity Name JERRY R. BUDD, INC.					Secretary of St			
Principal Plac 4531 ALDER BOWLING GR		Mailing Address 4531 ALDERMAN RD BOWLING GREEN, FL 33834	US					
DO NOT WRITE IN THIS SPA			CE	02062008	No Chg-P	CR2E034 (11/	05) Applied For	
				65-050 5. Certificate	of Status Desired	□ \$8.75 Fee Req	Not Applicable Additional uired	
	6. Name and Address of Current Re	istered Agent		1		,		
BUDD, JERRY R 4531 ALDERMAN ROAD BOWLING GREEN, FL 33834					NOT W			
the obligat	named entity submits this statement for the ions of registered agent.	e purpose of changing its register	red office or regi	istered agent, or bo	th, in the State of Flo	orida. I am familiar v	ith, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE								
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIF	ECTORS				* * .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUDD, JERRY R 4531 ALDERMAN RD BOWLING GREEN, FL 33834				,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BUDD, LYDIA 4531 ALDERMAN RD BOWLING GREEN, FL 33834				. U00000 02/21/08-	0826390 -80047-023	150.00	
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE				DO NOT WRITE IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP TITLE								

12. Thereby 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

udd 2.11-0

86.3-773-286