2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 11, 2008 8:00 am Secretary of State

2-7-08

Daytime Phone #

DOCUMENT # P95000075001 1. Entity Name GAUDET ASSOCIATES, INC.					02-11-2008 90059 030 ***158.75				
Principal Place of Business 861 JUPITER PARK DR, STE A JUPITER, FL 33458 Mailing Address 861 JUPITER PARK DR, JUPITER, FL 33458		861 JUPITER PARK DR, STI	E A		400	22495	.		-
Suite, Apt. Suite, Apt. Suite, State Size State Jup Zip 3345	TER, FL	33458	FL Country	our dress (l		Chg-P er 9872 of Status Desi Address of N	ired X New Registered	034 (12/06) App Not \$8.75 Addit	alied For Applicable tional
3. 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 furnised 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 Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11									
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND E IPD IGAUDET, JOSEPH E III 861 JUPITER PARK DR, STE A JUPITER, FL 33458 D GAUDET, JOSEPH E JR 861 JUPITER PARK DR, STE A	Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	44 Jo: 308 Ju	seph (Sande Piter	+-111	Change	Addition #10]
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JUPITER, FL 33458	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				·ý	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. 2.4 . 3.4	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition
12. I hereby certify that the information supplied with this filling 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 cath; 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									

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _