

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000028725

1. Entity Name
J & P OF BRADENTON, INC.



Principal Place of Business

1410 COMMERCE BLVD.
SUITE H
SARASOTA, FL 34243

Mailing Address

P.O. BOX 4009
SARASOTA, FL 34230



02062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0677167

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LUDERA, JAMES
5203 18TH AVE. DR. WEST
SARASOTA, FL 34243

**DO NOT WRITE
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! 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**

000000927534
02/21/08-80095-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JAMES LUDERA
STREET ADDRESS	5203 18TH AVE DR WEST
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	V
NAME	PAULA LUDERA
STREET ADDRESS	5203 18TH AVE DR WEST
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	T
NAME	LUDERA, JAMES
STREET ADDRESS	5203 18TH AVE. DR. W.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	SD
NAME	LUDERA, PAULA S
STREET ADDRESS	5203 18TH AVE. DR. W.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption under 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 has the 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 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAMES LUDERA, AS PRESIDENT