## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P96000050694

LAKELAND, FL 33813

City-St-Zip:

Entity Name: DUDLEY & SONS ENTERPRISES, INC

FILED Dec 24, 2008 Secretary of State

Littly Nai	me. DODLE	T & SONS ENTERPRISES, INC	•		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	VAN FLEET FL 33830	DRIVE			
Current Mailing Address:			New Mailing Address:		
310 EAST VAN FLEET DR BARTOW, FL 33830			320 EAST VAN FLEET DRIVE BARTOW, FL 33830		
FEI Number:	: 59-3385983	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
245 S.CEN	DONALD W . ITRAL AVE FL 33830	JR US			
	named entity e of Florida.	v submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE: DONAL	D W WILSON JR			
	Electro	onic Signature of Registered Age	ent	Date	
		93(2)(b), F.S., the corporation did nong Trust Fund Contribution ( ).	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DUDLEY, SH	EL POINTE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DUDLEY, DA	EL POINTE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DUDLEY, ER	EL POINTE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	DUDLEY, CH	) Delete RISTOPHER D ON POINTE DR	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHRISTOPHER DALE DUDLEY VP 12/24/2008