

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 16, 2007 8:00 am
Secretary of State

05-16-2007 90022 035 ***150.00

DOCUMENT # **P96000053948**

1. Entity Name

LUDEKING & ASSOCIATES, P.A.



Principal Place of Business

**400 E. BAY ST.
SUITE 910
JACKSONVILLE FL 32202
US**

Mailing Address

**400 E. BAY ST.
SUITE 910
JACKSONVILLE FL 32202
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-3385110**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUDEKING, MARY ELLEN
220 E FORSYTH ST
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **ROBERT F. ISELEY, JR., ESQ**
Street Address (P.O. Box Number is Not Acceptable)
GRIMSLEY, MARKER & ISELEY, P.A.
50 N. LAURA ST., SUITE 2150
City **JACKSONVILLE** FL Zip Code **32202**

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | DPST | <input type="checkbox"/> Delete |
| NAME | LUDEKING, MARY E | |
| STREET ADDRESS | 220 E FORSYTH STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32202 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------------|--|
| TITLE | DPT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LUDEKING, MARY ELLEN | |
| STREET ADDRESS | 400 EAST BAY ST, #910 | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LUDEKING, WILLIAM R. | |
| STREET ADDRESS | 400 EAST BAY ST, #910 | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32202 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MARY ELLEN LUDEKING, PRESIDENT 4/29/07 (904) 358-8220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #