


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # P96000072628 1. Entity Name BUDCO RTO, INC.	
---	---

Principal Place of Business 216 E U.S. HWY 82 TIFTON, GA 31794	Mailing Address 6608 ADAMO DRIVE TAMPA, FL 33619
--	--



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3400223	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
--	--

6. Name and Address of Current Registered Agent

GOLD, AARON J ESQ
704 WEST BAY STREET
TAMPA, FL 33606

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLATTON, JAMES W
STREET ADDRESS	6608 ADAMO DRIVE
CITY-ST-ZIP	TAMPA, FL
TITLE	S
NAME	SLATTON, KIME LEA
STREET ADDRESS	11203 LAKE SASSA DR
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	V
NAME	SLATTON, AMY
STREET ADDRESS	164 HONEY SUCKLE LN
CITY-ST-ZIP	TIFTON, GA 31794
TITLE	V
NAME	DURAN, CARLOS
STREET ADDRESS	216 E HWY 82
CITY-ST-ZIP	TIFTON, GA 31794
TITLE	VT
NAME	BEVILLE, TERRY
STREET ADDRESS	213 KINGSWAY DR
CITY-ST-ZIP	TEMPLE TERRACE, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000693461
04/16/07-80040-021 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby 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 persons empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/07

813-623-5411

TERRY BEVILLE