

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90071 005 \*\*\*150.00

**DOCUMENT # P97000040003**

1. Entity Name  
TRUDINGER, INC.



Principal Place of Business  
646 MOURNING DOVE DR.  
SARASOTA, FL 34236

Mailing Address  
646 MOURNING DOVE DR.  
SARASOTA, FL 34236

**DO NOT WRITE IN THIS SPACE**



02212007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ANDERSON, KENT J  
7101 S. TAMiami TrL., STE. A  
SARASOTA, FL 34231

**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 type: [ ] Printed name [ ] Typed name [ ] Signature image [ ] Signature image with 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	D
NAME	ENGELHARDT, WALTER
STREET ADDRESS	646 MOURNING DOVE DR.
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	D
NAME	ENGELHARDT, ANNI
STREET ADDRESS	646 MOURNING DOVE DR.
CITY - ST - ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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 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 like empowered.

**SIGNATURE:**

*Walter Engelhardt*

Walter Engelhardt Feb. 21.07

941 955 0484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #