

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90292 048 ***150.00

DOCUMENT # P97000053606

1. Entity Name

THE DUDE COMPANY



Principal Place of Business

970 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33409

Mailing Address

970 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33409

2. Principal Place of Business

1000 NORTH CONGRESS AVE

3. Mailing Address

1000 NORTH CONGRESS AVE

Suite, Apt. #, etc.

SUITE H

Suite, Apt. #, etc.

SUITE H

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33409

Country

Zip

33409

Country



MOORE

CR2E034 (11/03)

4. FEI Number

65-0773750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUDE, HARALD

970 NORTH CONGRESS AVENUE
WEST PALM BEACH FL 33409

Name

DUDE, HARALD

Street Address (P.O. Box Number is Not Acceptable)

1000 NORTH CONGRESS AVENUE, SUITE H

City

WEST PALM BEACH

FL

Zip Code

33409

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]

HARALD DUDE, PRESIDENT

APRIL 20, 2004

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, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDE, PATRICK		NAME	DUDE, HARALD	
STREET ADDRESS	970 NORTH CONGRESS AVENUE		STREET ADDRESS	1000 NORTH CONGRESS AVENUE, SUITE H	
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUDE, HARALD		NAME		
STREET ADDRESS	970 NORTH CONGRESS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARALD DUDE, PRES

APRIL 20, 2004 (561) 712-4622

Date

Daytime Phone #