


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P90000910078</b>	
1. Entity Name <b>LUDWIG FINANCIAL SERVICES, INC.</b>	

Principal Place of Business <b>10935 S.E. 177 PLACE SUITE 407 SUMMERFIELD, FL 34491 US</b>	Mailing Address <b>10935 S.E. 177 PLACE SUITE 407 SUMMERFIELD, FL 34491 US</b>
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DO NOT WRITE IN THIS SPACE



04152008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3506097</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LUDWIG, CHRIS J  
5360 NE 2ND LANE  
OCALA, FL 34470**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000923560 05/16/08-80036-005 158.75</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LUDWIG, CHRIS J 5360 NE 2ND LANE OCALA, FL 34470</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LUDWIG, SARA E 5360 NE 2ND LANE OCALA, FL 34470</b>
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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:**  **CHRIS J LUDWIG** **042214-2008** **352 347 8883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #