


2007 ~~FOR~~ PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000046692 1. Entity Name BARBARA L. GUDGEL, INC.	
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Principal Place of Business 200 CEVERA DR DUNDIN, FL 34698	Mailing Address 200 CEVERA DR DUNDIN, FL 34698
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01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3511419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GUDGEL, BARBARA L
200 CEVERA DR
DUNDIN, FL 34698**

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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 renewing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PS	GUDGEL, BARBARA L
NAME	200 CEVERA DR
STREET ADDRESS	DUNDIN, FL 34698
CITY-ST-ZIP	
TITLE V	GUDGEL, NEIL EARL
NAME	200 CEVERA DRIVE
STREET ADDRESS	DUNDIN, FL 34698
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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03/15/07-80001-001 150.00

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: *Barbara L. Gudgel* **Barbara L. Gudgel** **3/2/07 7276384896**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #