

03-24-2008 90041 034 ***150.00

DOCUMENT # P99000023748 1. Entity Name DUDLEY ANTIQUES, INC.				Secretary of State 03-24-2008 90041 034 ***150.00					
Principal Place of Business 3639 ST JOHNS AVE JACKSONVILLE, FL 32205		Mailing Address 3639 ST JOHNS AVE JACKSONVILLE, FL 32205		<div style="font-size: 2em; margin-bottom: 10px;">46000001</div> 02042008 No Chg-P CR2E034 (11/05)					
<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">4. FEI Number 59-3565400</td> <td style="width: 20%;">Applied For <input type="checkbox"/></td> </tr> <tr> <td colspan="2">Not Applicable</td> </tr> </table>		4. FEI Number 59-3565400	Applied For <input type="checkbox"/>	Not Applicable	
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Not Applicable									
6. Name and Address of Current Registered Agent STONEBURNER BERRY & SIMMONS, P.A. ONE INDEPENDENT DR, SUITE 2000 JACKSONVILLE, FL 32202 <i>address change see enclosed</i>		<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>							
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS									
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<h2 style="margin: 0;">DO NOT WRITE IN THIS SPACE</h2>					
	PS DUDLEY, BONNIE R	4135 VENETIA BLVD	JACKSONVILLE, FL 32210						
TITLE									
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
TITLE									
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
TITLE									
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CITY - ST - ZIP									
TITLE									
NAME									
STREET ADDRESS									
CITY - ST - ZIP									
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: <i>Bonnie R Dudley</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <i>3/10/08</i> Daytime Phone # <i>904-397-2484</i>					

ATTACHMENT

40050217

P99000023748

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