

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V23620**

1. Entity Name  
**JOHN N. PUDER, INC.**



Principal Place of Business  
**1315 EAST MICHIGAN STREET  
ORLANDO, FL 32806 US**

Mailing Address  
**1315 EAST MICHIGAN STREET  
ORLANDO, FL 32806 US**



01032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3122694</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**

**PUDER, JOHN N  
1315 EAST MICHIGAN STREET  
ORLANDO, FL 32806**

**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, 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	PUDER, JOHN N
STREET ADDRESS	1315 E MICHIGAN ST
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D
NAME	PUDER, HUGO E
STREET ADDRESS	1121 NW 36TH ST
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	S
NAME	PUDER, AMY G
STREET ADDRESS	1024 NW 50 DRIVE
CITY-ST-ZIP	GAINESVILLE, FL 32605
TITLE	VP
NAME	COX, JEAN L
STREET ADDRESS	2417 PERSHING OAKS PLACE
CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 or without other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/04/08 407-897-8562**  
Date Daytime Phone #