2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 768263

1. Entity Name
766 HUDSON, INC.

Principal Place of Business	Mailing Address
766 HUDSON AVE., STE. B SARASOTA, FL 34236	3277 F FRUITVILLE ROAD SARASOTA, FL 34237

DO NOT WRITE IN THIS SPACE

01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0044030
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEWELL, E. LARRY
3277 F FRUITVILLE ROAD
SARASOTA, FL 34237

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PTSD
NAME	SEWELL, E. LARRY
STREET ADDRESS	3277 F FRUITVILLE ROAD
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	SEWELL, LARRY E
STREET ADDRESS	3277 FRUITVILLE RD., STE F
CITY-ST-ZIP	SARASOTA, FL 34237
TITLE	D
NAME	BURCHETT, CHARLA M
STREET ADDRESS	766 HUDSON AVE., STE. C
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	D
NAME	ARNAUD, RANDALL T
STREET ADDRESS	766 HUDSON AVE., STE. D
CITY-ST-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000383845
01/13/06-80022-004 61.25

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 617, 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: _____ 941.365.5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #