

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90428 050 ***150.00

DOCUMENT # P03000072158

1. Entity Name
52 HUDSON, INC.



Principal Place of Business
8801 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655

Mailing Address
P.O. BOX 2108
ELFERS, FL 34680

2. Principal Place of Business - No P.O. Box #
9400 River Crossing Blvd

3. Mailing Address
Suite, Apt. #, etc.
Suite 104

City & State
City & State

Zip
Country

4003000000



04172007 Chg-P CR2E034 (12/06)

4. FEI Number
90-0095628

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HUDSON, JOHN E
8801 RIVER CROSSING BLVD
NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
9400 River Crossing Blvd., Suite 104
City
FL Zip Code

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 4-27-07

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

FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HUDSON, JOHN E 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd., Suite 104
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SILVA, SUSAN 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd., Suite 104
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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: **4-27-07**

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