

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90294 039 ***150.00

DOCUMENT # 360318

1. Entity Name
HUDSON PROPERTIES, INC.



Principal Place of Business
**6150 NW 122 LANE
CHIEFLAND, FL 32626 US**

Mailing Address
**P O BOX 2298
CHIEFLAND, FL 32626 US**

60025986



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1352819

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BEAUCHAMP, GREGORY V, PA
107 EAST PARK AVE
CHIEFLAND, FL 32626**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, WHITNEY S
224 N NAIN ST
CHIEFLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
SMITH, JAMES H
224 N NAIN ST
CHIEFLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
SMITH, JAMES H
224 N MAIN ST
CHIEFLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BROOKINS, PAIGE
224 N MAIN STREET
CHIEFLAND, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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 all other like empowered.

SIGNATURE:

Paige S. Brookins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #