May 25,
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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 479372

1. Entity Name
HUDSON UTILITIES, INC.

Principal Place of Business
14334 OLD DIXIE HWY
HUDSON, FL 34667

Mailing Address
14334 OLD DIXIE HWY
HUDSON, FL 34667

000000566061
05/25/06-80004-012 150.00

05222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1619890
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARRILL, JAMES BENJAMIN
2550 PERMIT PLACE
NEW PORT RICHEY, FL 34655

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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)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAMMANN, ROBERT
STREET ADDRESS	14344 OLD DIXIE HWY
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	VP
NAME	GRIFFIN, CHARLES
STREET ADDRESS	14334 OLD DIXIE HWY
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	VST
NAME	GRIFFIN, MATHEW
STREET ADDRESS	14334 OLD DIXIE HWY
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: [signature] MATHEW GRIFFIN 5/22/06 (727) 863-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #