## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 538585** 

WOODS, KEVIN

14519 US 19

HUDSON, FL

Name:

Address:

City-St-Zip:

Entity Name: HUDSON BOWLING SUPPLY, INC.

FILED Feb 27, 2006 Secretary of State

•				
Current Principal Place of Business:			New Principal Place of Business:	
14519 U.S. HUDSON,	. HIGHWAY 1 FL 34667	9		
Current Mailing Address:			New Mailing Address:	
14519 U.S. HUDSON,	. HIGHWAY 1 FL 34667	9		
FEI Number:	59-1760285	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of	Current Registered Agent:	Name and Address of New Registered Agent:	
WOODS, F 14519 US HUDSON,	19 FL 34667	US	purpose of shanging its registers	d office or registered exect or both
	named entity of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,
SIGNATUR	RE:			
	Electro	nic Signature of Registered Age	ent	Date
Election Can	npaign Financii	ng Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P ( WOODS, RON 14519 US 19 HUDSON, FL	) Delete IALD,	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( WOODS, MAF 14519 US 19 HUDSON, FL	) Delete YANN,	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VP ( WOODS, LINI 14519 US 19 HUDSON, FL	) Delete DA	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:	S (	) Delete	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: RON WOODS PRES 02/27/2006