2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 538585

Address:

City-St-Zip:

14519 US 19

HUDSON, FL

FILED Jan 09, 2007 Secretary of State

Entity Name: HUDSON BOWLING SUPPLY, INC.					
Current Principal Place of Business:			New Principal Pl	New Principal Place of Business:	
14519 U.S. HIGHWAY 19 HUDSON, FL 34667				14519 US HIGHWAY 19 HUDSON, FL 34667	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
14519 U.S. HIGHWAY 19 HUDSON, FL 34667				14440 DIAMOND RIDGE COURT HUDSON, FL 34667	
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 Addre	Name and Address of New Registered Agent:	
WOODS, RONALD 14519 US 19 HUDSON, FL 34667 US			14440 DÍAMOND I	WOODS, RONALD 14440 DIAMOND RIDGE COURT HUDSON, FL 34667 US	
The above in the State		submits this statement for the p	urpose of changing its regis	tered office or registered agent, or both,	
SIGNATURE: RONALD WOODS				01/09/2007	
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (WOODS, RON 14519 US 19 HUDSON, FL) Delete ALD,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (WOODS, MAR 14519 US 19 HUDSON, FL) Delete YANN,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (WOODS, LIND 14519 US 19 HUDSON, FL) Delete A	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () Delete N	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.

Address:

City-St-Zip:

SIGNATURE: RONALD WOODS **PRES** 01/09/2007