2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2009
Secretary of State

DOCUMENT# 538585

Entity Name: HUDSON BOWLING SUPPLY, INC.

Current Principal Place of Business:

16615 SCHEER BLVD
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

14440 DIAMOND RIDGE COURT
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-1760285 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODS, RONALD
14440 DIAMOND RIDGE COURT
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WOODS, RONALD
Address: 16615 SCHEER BLVD
City-St-Zip: HUDSON, FL 34667 PA

Title: D ( ) Delete
Name: WOODS, MARYANN
Address: 16615 SCHEER BLVD
City-St-Zip: HUDSON, FL 34667 PA

Title: VP ( ) Delete
Name: WOODS, LINDA
Address: 16615 SCHEER BLVD
City-St-Zip: HUDSON, FL 34667

Title: S ( ) Delete
Name: WOODS, KEVIN
Address: 16615 SCHEER BLVD
City-St-Zip: HUDSON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: RON WOODS PRES 09/10/2009

Electronic Signature of Signing Officer or Director — Date