

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706886

FILED
Apr 13, 2009
Secretary of State

Entity Name: HUDSON WATER WORKS, INC.

Current Principal Place of Business:

8724 NEW YORK AVE
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

8724 NEW YORK AVE
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-1382465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCART, CRAIG
13241 HILLWOOD CIRCLE
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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: RUFFER, NANCY
Address: 7109 MCCRAY DR
City-St-Zip: HUDSON, FL

Title: V () Delete
Name: KRAMER, WILLIAM
Address: 5929 BEVERLY DR.
City-St-Zip: HUDSON, FL 34667

Title: T () Delete
Name: SELL, FRANK
Address: 8513 BELLA VIA
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: WALTERS, JAMES
Address: 10533 TAPESTRY DR
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: SIBLEY, ROY
Address: 13931 MARGO VENUE
City-St-Zip: HUDSON, FL 34667

Title: P () Delete
Name: MCCART, CRAIG
Address: 13421 HILLWOOD CIRCLE
City-St-Zip: HUDSON, FL 34667

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:

Title: D (X) Change () Addition
Name: SIBLEY, ROY
Address: 13931 MARGO AVENUE
City-St-Zip: HUDSON, FL 34667

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRAIG MCCART

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date