2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90036 031 ****61.25

DOCUMENT # 768263

1. Entity Name
766 HUDSON, INC.

Principal Place of Business	Mailing Address
% ~~E. LARRY SEWELL~~ Philip J. Sypula 766 HUDSON AVE., SUITE A SARASOTA, FL 34236	% ~~E. LARRY SEWELL~~ Philip J. Sypula 766 HUDSON AVE., SUITE A SARASOTA, FL 34236

01122004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
766 Hudson Ave., Ste. B	766 Hudson Ave., Ste. B
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34236 Country: USA	Zip: 34236 Country: USA

4. FEI Number 65-0044030 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SEWELL, E. LARRY 766 HUDSON AVE. SUITE A SARASOTA, FL 34236	Name: Philip J. Sypula Street Address (P.O. Box Number is Not Acceptable): 766 Hudson Ave., Ste. B City: Sarasota **FL** Zip Code: 34236

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 _____ Philip J. Sypula, President Feb. 9, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTS SEWELL, E. LARRY 766 HUDSON AVE., STE. A SARASOTA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTSD Philip J. Sypula 766 Hudson Ave., Ste. B Sarasota, FL 34236	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BAAR, WILLIAM 766 HUDSON AVE STE C SARASOTA, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D E. Larry Sewell 3277 Fruitville Rd., Ste. F Sarasota, FL 34237	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SYPULA, PHILIP 766 HUDSON AVENUE, SUITE B SARASOTA, FL 34236	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charla M. Burchett 766 Hudson Ave., Ste. C Sarasota, FL 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Randall T. Arnaud 766 Hudson Ave., Ste. D Sarasota, FL 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: _____ Philip J. Sypula, President 941-364-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #