

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90045 031 ***150.00

DOCUMENT # F95000005914 1. Entity Name HUDSON TOOL & DIE COMPANY, INC.					
Principal Place of Business 1327 NORTH US HIGHWAY 1 ORMOND BEACH, FL 32174			Mailing Address 700 ROBBINS ROAD GRAND HAVEN, MI 49417		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 22-1457260	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RADOVAN, MICHAEL S 1327 N. US HIGHWAY ONE ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name PETER DILELLA Street Address (P.O. Box Number is Not Acceptable) 1327 N. US HIGHWAY ONE City ORMOND BEACH FL Zip Code 32174	
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 <u>Peter L. Dilella</u> <u>Peter L. Dilella</u> <u>3/12/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JOHNSON, F. MARTIN 700 ROBBINS ROAD GRAND HAVEN, MI 49417	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TAYLOR, PHILIP E 700 ROBBINS ROAD GRAND HAVEN, MI 49417	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RADOVAN, MICHAEL S 1327 NORTH US HIGHWAY 1 ORMOND BEACH, FL 32174	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHERWOOD, LYNNE 700 ROBBINS ROAD GRAND HAVEN, MI 49417	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT METZGER, MICHAEL D 700 ROBBINS ROAD GRAND HAVEN, MI 49417	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ 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 607, 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: <u>LYNNE SHERWOOD</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>2/24/04</u> Daytime Phone # <u>(616) 842-6350</u>		

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