
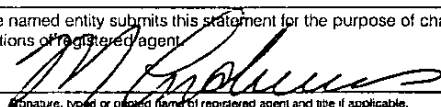
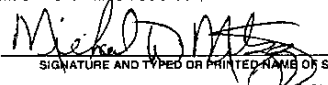


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90564 035 ***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		4. FEI Number 22-1457200 38-3283216	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DILELLA, PETER 1327 N US HWY. ONE ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent Name Andrews, Mark L Street Address (P.O. Box Number is Not Acceptable) 1327 N US Hwy 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  Mark L. Andrews 23 Apr 05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, PHILIP E 700 ROBBINS ROAD GRAND HAVEN, MI 49417	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHERWOOD, LYNNE 700 ROBBINS ROAD GRAND HAVEN, MI 49417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT METZGER, MICHAEL D 700 ROBBINS ROAD GRAND HAVEN, MI 49417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Sherwood, Lynne 700 Robbins Road Grand Haven, MI 49417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Metzger, Michael D. 700 Robbins Road Grand Haven, MI 49417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jacobson, Nelson C. 700 Robbins Road Grand Haven, MI 49417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Liang, Timothy L 700 Robbins Road Grand Haven, MI 49417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:  Michael D. Metzger <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/25/05 (616) 842-6350 <small>Date Daytime Phone #</small>		