

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90088 048 ***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

40103611



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

~~22-1457260~~ 38-3283216

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANDREWS, MARK L
1327 N US HWY. ONE
ORMOND BEACH, FL 32174

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JACOBSON, NELSON C	
STREET ADDRESS	700 ROBBINS ROAD	
CITY- ST- ZIP	GRAND HAVEN, MI 49417	
TITLE	V	<input type="checkbox"/> Delete
NAME	LIANG, TIMOTHY L	
STREET ADDRESS	700 ROBBINS ROAD	
CITY- ST- ZIP	GRAND HAVEN, MI 49417	
TITLE	C	<input type="checkbox"/> Delete
NAME	SHERWOOD, LYNNE	
STREET ADDRESS	700 ROBBINS ROAD	
CITY- ST- ZIP	GRAND HAVEN, MI 49417	
TITLE	ST	<input type="checkbox"/> Delete
NAME	METZGER, MICHAEL D	
STREET ADDRESS	700 ROBBINS ROAD	
CITY- ST- ZIP	GRAND HAVEN, MI 49417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 (616) 842-6350

Date

Daytime Phone #