

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

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

Suite, Apt. #, etc.

City & State

Zip Country

40103611



04262007 Chg-P CR2E034 (12/06)

4. FEI Number: ~~22-1457260~~ 38-3283216
 Applied For: Not Applicable:

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael D Metzger DATE: 4/26/07 (616) 842-6350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #