2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/

DOCUMENT # J74750

1. Entity Name
JOSEPH P. HUDSON, INC.

66015817

Principal Place of Business	Mailing Address
% JOSEPH P. HUDSON	% JOSEPH P. HUDSON
1731 PERCH LANE	1731 PERCH LANE
SANFORD, FL 32771 US	SANFORD, FL 32771 US
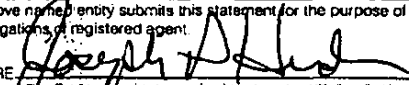
03212006   No Chg-P   CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-2811948	Not Applicable

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

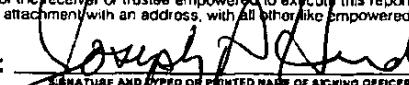6. Name and Address of Current Registered Agent

HUDSON, JOSEPH P.
1731 PERCH LANE
SANFORD, FL 32771

DO NOT WRITE IN THIS SPACE

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)   4/14/06   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUDSON, JOSEPH P.
STREET ADDRESS	1731 PERCH LANE
CITY-ST-ZIP	SANFORD, FL 32771

TITLE	D
NAME	HUDSON, D. FRANK
STREET ADDRESS	380 SOUTH SR. 434, SUITE 1004-384
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 327143868

TITLE	D
NAME	HUDSON, THOMAS R.
STREET ADDRESS	461 CYPRESS ST
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   President   5/8/06   407-688-1582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #