

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # J74750

1. Entity Name
JOSEPH P. HUDSON, INC.



Principal Place of Business

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

Mailing Address

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



03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2811948

Applied For
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)

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	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 327143866
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	

U000000715542
04/27/07-80068-022 150.00

**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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-07

407-688-1582