

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90223 002 ***150.00

DOCUMENT # M83800

1. Entity Name
HUD REALTY INC.



Principal Place of Business

**430 Cove Tower Drive
Apt. #1403
Naples, FL 34110**

Mailing Address

**C/O LYNCH ANSELMO OH BRYAN & CO.
2550 SOM CENTER #360
WILLOUGHBY, OH 44094 US**

50020043



02092005 No Chg-P CR2E034 (10/03).

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0054451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FWLER, HUDSON D
430 Cove Tower Drive, Apt. #1403
Naples, FL 34110**

Wilma H. Fowler

**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, 2005 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 FOWLER, WILMA H.
STREET ADDRESS 430 Cove Tower Drive, Apt. #1403
CITY-ST-ZIP Naples, FL 34110

TITLE ST
NAME GRIECO, SIGRID W
STREET ADDRESS 28700 PIKE DR.
CITY-ST-ZIP ORANGE, OH 44022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 *Wilma H. Fowler*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #