


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90033 027 \*\*\*\*61.25

<b>DOCUMENT # N47028</b> 1. Entity Name <b>HUDSON SEAFEST INC.</b>					
Principal Place of Business <b>14401 BIRCH ST HUDSON, FL 34667 US</b>			Mailing Address <b>PO BOX 5055 HUDSON, FL 34647 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3160106</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ISAACSON, JOHN 6827 AMBERJACK LN HUDSON, FL 34667</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when releasing) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MEYER, A L</b>		NAME		
STREET ADDRESS	<b>14401 BIRCH ST</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HUDSON, FL 34667</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ISAACSON, JOHN</b>		NAME		
STREET ADDRESS	<b>6827 AMBERJACK LANE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HUDSON, FL 34667</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARNETT, BOB</b>		NAME	<b>V.P. KING DOUG</b>	
STREET ADDRESS	<b>6840 S.R. 52</b>		STREET ADDRESS	<b>6840 S.R. 52</b>	
CITY-ST-ZIP	<b>HUDSON, FL 34667</b>		CITY-ST-ZIP	<b>HUDSON, FL 34667</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>ROATH, JULI</b>		NAME	<b>D STOREY, TIM</b>	
STREET ADDRESS	<b>12021 ALTOONA AVE</b>		STREET ADDRESS	<b>14134 U.S. 19</b>	
CITY-ST-ZIP	<b>HUDSON, FL 34669</b>		CITY-ST-ZIP	<b>HUDSON, FL 34667</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STAGLIANO, JOSEPH</b>		NAME		
STREET ADDRESS	<b>9001 SR 52</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HUDSON, FL 34669</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>McKittrick Sharon</b>	
STREET ADDRESS			STREET ADDRESS	<b>13142 TITLEIST DR.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>HUDSON, FL 34669</b>	
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 617, 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.					
<b>SIGNATURE:</b> <i>Joseph S. Stagliano</i> <b>Joseph S. Stagliano</b> 727 868 3433 3/6/06					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					