



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90209 025 ****61.25

DOCUMENT # N47028 1. Entity Name HUDSON SEAFEST INC.					
Principal Place of Business 14401 BIRCH ST HUDSON, FL 34667 US				Mailing Address PO BOX 5055 HUDSON, FL 34647 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		<div style="font-size: 2em; margin-bottom: 10px;">40000000</div>  <div> 01222008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3160106 Applied For - <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </div>	
6. Name and Address of Current Registered Agent ISAACSON, JOHN 6827 AMBERJACK LN HUDSON, FL 34667				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, A L 14401 BIRCH ST HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISAACSON, JOHN 6827 AMBERJACK LANE HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT POSTMA, BRENT 11208 KELLEHER COURT NEW PORT RICHEY, FL 34662	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KING, DOUG 6040 SR 52 HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT TAMI PAXTON 10518 KIM LANE HUDSON, FL 34669	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOREY, TIM 14134 US 19 HUDSON, FL 34667	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY KATHLEEN MELANSON 7231 ROCKWOOD DRIVE PORT RICHEY, FL 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STAGLLANO, JOSEPH 9001 SR 52 HUDSON, FL 34669	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer LEROY B. HAMILTON 18335 maberly Road Weeki wachee, FL 34614	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <div> 4/29/06 Date </div> <div> 727-534-4003 Daytime Phone # </div> </div>		