2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State
04-25-2008 90114 046 ***150.00

DOCUMENT # P02000077856

1. Entity Name
HUDSON'S BALED PINE STRAW, INC.

Principal Place of Business	Mailing Address
21653 WEST SHEKINAH PLACE O'BRIEN FL 32071	21653 WEST SHEKINAH PLACE O'BRIEN FL 32071

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9351 - 220th Street	9351 - 220th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: O'Brien, FL	City & State: O'Brien, FL
Zip: 32071 Country: USA	Zip: 32071 Country: USA

4. FEI Number 01-0737492 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BULLOCK, STEPHEN C
116 NW COLUMBIA AVENUE
LAKE CITY FL 32055

7. Name and Address of New Registered Agent

Name: Millicent D. Perry
Street Address (P.O. Box Number is Not Acceptable): 9351 - 220th Street
City: O'Brien FL Zip Code: 32071

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] Millicent D. Perry 02/01/08
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, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDSON, GLENDA S 21653 WEST SHEKINAH PLACE O'BRIEN FL 32071	☐ Delete	P Glenda S. Hudson 9351 - 220th Street O'Brien, FL 32071	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUDSON, JOHN K 221653 W. SHKINAH PLACE O BRIEN FL 32071	☐ Delete	VP John K. Hudson 9351 - 220th Street O'Brien, FL 32071	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] John K. Hudson - V.Pres. 02/01/08 386-935-3299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #