## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000141877

1. Entity Name

KENNETH HUDSON CONTRACTORS, INC.



**FILED** Apr 13, 2007 08:00 AM Secretary of State

Principal Place of Business

1234 FINLEY DRIVE PENSACOLA, FL 32514 Mailing Address

1234 FINLEY DRIVE PENSACOLA, FL 32514



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04032007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number

5. Certificate of Status Desired

35-2219137

\$8.75 Additional Fee Required

Not Applicable

6. Name and Address of Current Registered Agent

HUDSON, KENNETH 1234 FINLEY DRIVE PENSACOLA, FL 32514

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

		***	A San Charles				
8. The above the obligat	named entity submits this statement for the ptions of registered agent.	ourpose of changing its register	ed office or register	ed agent, or bot	th, in the State of Florida.	I am familiar with, and a	accept
SIGNATURE_	Signature, typed or printed name of registered agent and tille	4.075 5-11-1					_
<del></del> .	Signature, typed or printed name or registered agent and tille	if applicable (NO1E: Hegistere	d Agent signature required	when reinstating)	D	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol><li>Election Campaign Finar Trust Fund Contribution.</li></ol>		00 May Be ed to Fees			
10.	OFFICERS AND DIREC	CTORS	<u> </u>	L			
TITLE NAME	D HUDSON, KENNETH			,			
street adoress :	1234 FINLEY DRIVE		Sept.	Karaman and American			
CITY-ST-ZIP	PENSACOLA, FL 32514			r	a farm, and any and any and any and per per a	· ·	. ,
TITLE NAME					00000070552 04/23/07-80059	28 5-023 8.75	
STREET ADDRESS CITY-ST-ZIP				•	<u> </u>	28	
TITLE NAME			e i e e e e e e		04/23/07-80055		. •
STREET ADDRESS			5 to 10 to 1	<u> </u>	·		

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling 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