

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000030522

**1. Entity Name
HUDSON CABINETS, INC.**



**Principal Place of Business
905 S.E. 14TH PLACE, UNIT A
CAPE CORAL, FL 33990**

**Mailing Address
905 S.E. 14TH PLACE, UNIT A
CAPE CORAL, FL 33990**



01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-0735604**

**Applied For
Not Applicable**

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

6. Name and Address of Current Registered Agent

**HUDSON, MARK
905 S.E. 14TH PLACE, UNIT A
CAPE CORAL, FL 33990**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME HUDSON, MARK
STREET ADDRESS 432 S.W. 38TH STREET
CITY - ST - ZIP CAPE CORAL, FL 33914**

**TITLE D
NAME HUDSON, JUNIA
STREET ADDRESS 432 S.W. 38TH STREET
CITY - ST - ZIP CAPE CORAL, FL 33914**

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

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

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

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

11000000379642
01/10/06-80029-011 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Junia Hudson Junia Hudson

1-6-06 (239) 574-5552