

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000030522

Entity Name: HUDSON CABINETS, INC.

**FILED**  
**Aug 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

905 S.E. 14TH PLACE, UNIT D  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

905 S.E. 14TH PLACE, UNIT D  
CAPE CORAL, FL 33990

**New Mailing Address:**

905 S.E. 14TH PLACE, UNIT F  
CAPE CORAL, FL 33990

FEI Number: 20-0735604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUDSON, MARK  
905 S.E. 14TH PLACE, UNIT D  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

HUDSON, MARK  
905 S.E. 14TH PLACE, UNIT F  
CAPE CORAL, FL 33990 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

08/23/2010

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HUDSON, MARK  
Address: 432 S.W. 38TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

Title: D  
Name: HUDSON, JUNIA  
Address: 432 S.W. 38TH STREET  
City-St-Zip: CAPE CORAL, FL 33914

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARK D. HUDSON

Electronic Signature of Signing Officer or Director

PRES

08/23/2010

Date