2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000049127

1. Entity Name
EJ HUDSON INC

Principal Place of Business	Mailing Address
2222 BRIANA DR. BRANDON, FL 33511	2222 BRIANA DR. BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

01072006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2245110
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUDSON, MICKIE
2222 BRIANA DR.
BRANDON, FL 33511

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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: Michael Hudson 18 Jan. 06
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

U00000513411
04/29/06-80127-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	HUDSON, MICKIE
STREET ADDRESS	2222 BRIANA DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	VP/D
NAME	HUDSON, PARTHIA
STREET ADDRESS	2222 BRIANA DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	T
NAME	HUDSON, MICKIE
STREET ADDRESS	2222 BRIANA DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	S
NAME	HUDSON, PARTHIA
STREET ADDRESS	2222 BRIANA DR.
CITY-ST-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Michael Hudson 18 Jan. 06 813-689-6728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #