

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000001814

1. Entity Name
HUDSON TRANSPORT, INC.



Principal Place of Business
4618 FORREST RIDGE DRIVE
TALLAHASSEE, FL 32309 US

Mailing Address
P.O. BOX 7314
TALLAHASSEE, FL 32314

FILED
07 MAR 12 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 25-1906968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

200093706912
08/19/07--01002--023 **150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HUDSON, EMANUEL R JR.
STREET ADDRESS	P.O. BOX 7314
CITY-ST-ZIP	TALLAHASSEE, FL 32314

TITLE	D
NAME	HUDSON, CARNECIA T
STREET ADDRESS	P.O. BOX 7314
CITY-ST-ZIP	TALLAHASSEE, FL 32314

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

K. Eckel MAR 12 2007

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: Emanuel Robert Hudson Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-07 850 545-3473
Date Daytime Phone #