

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90244 038 \*\*\*150.00

**DOCUMENT # P05000048978**

1. Entity Name

HUDSON FLORIDA LAND CORPORATION



Principal Place of Business

10709 KITTEN TRAIL  
HUDSON FL 34669-1018

Mailing Address

10709 KITTEN TRAIL  
HUDSON FL 34669-1018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

83-0424965

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BONFIGLIO, DENNIS E JR.  
10709 KITTEN TRAIL  
HUDSON FL 34669-1018

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete  
NAME BONFIGLIO, DENNIS E JR.  
STREET ADDRESS 10709 KITTEN TRAIL  
CITY-ST-ZIP HUDSON FL 34669-1018

TITLE S ☐ Delete  
NAME BONFIGLIO, ANTHONY  
STREET ADDRESS 10709 KITTEN TRAIL  
CITY-ST-ZIP HUDSON FL 34669-1018

TITLE T ☐ Delete  
NAME BONFIGLIO, DENNIS E JR.  
STREET ADDRESS 10709 KITTEN TRAIL  
CITY-ST-ZIP HUDSON FL 34669-1018 **CORRECTION**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

SIGNATURE:

*Dennis Bonfiglio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Mr. Dennis B. Bonfiglio  
10703 Kitten Trl  
Hudson, FL 34669

Date

Daytime Phone #

3-4-2006 727-862-9689