

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
ANNUAL  
REPORT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUN 30 AM 7:11

DOCUMENT # 07000038341

1. Corporation Name

KW HUDSON, INC.

2. Principal Office Address - No P.O. Box #

SAME

3. Mailing Office Address

7919 NEW YORK AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HUDSON, FL

Zip

Country

Zip

Country

34667

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/26/2007

5. FEI Number

20-8709875

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES C. KURPPE

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

8128 FLINTSHIRE CT.

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34607

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

JAMES C. KURPPE

REGISTERED AGENT MUST SIGN

Date 6-25-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
710 715	JAMES C. KURPPE	8128 FLINTSHIRE CT.	SPRING HILL, FL 34607

000157907060  
06/30/09 01005-006 \*\*150.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

JAMES C. KURPPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-09

Date

127-808-5708

Daytime Phone #