

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000087743

FILED  
Feb 14, 2009  
Secretary of State

Entity Name: HUDSON POST 'N PAK, INC.

## Current Principal Place of Business:

14170 U S HIGHWAY 19  
HUDSON, FL 34667

## New Principal Place of Business:

## Current Mailing Address:

14170 US HIGHWAY 19  
HUDSON, FL 34667

## New Mailing Address:

14170 U S HIGHWAY 19  
HUDSON, FL 34667

FEI Number: 26-0660243

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ALEXANDER, LYNN  
8617 LONG BOAT LANE  
HUDSON, FL 34667 US

## Name and Address of New Registered Agent:

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

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ALEXANDER, LYNN  
Address: 8617 LONG BOAT LANE  
City-St-Zip: HUDSON, FL 34667

Title: VPD ( ) Delete  
Name: GREER, NEAL  
Address: 336 SHADDOCK STREET  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: SD ( ) Delete  
Name: MAYER, STEPHANIE  
Address: 3601 CONNOR DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LYNN G ALEXANDER

P

02/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date