

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000079602

Entity Name: SANDMORE OF HUDSON, INC

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

8510 FOREST GLADE DRIVE  
HUDSON, FL 34667 US

## New Principal Place of Business:

## Current Mailing Address:

8510 FOREST GLADE DRIVE  
HUDSON, FL 34667 US

## New Mailing Address:

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUILLIN, CHRIS  
8510 FOREST GLADE DRIVE  
HUDSON, FL 34667 US

## Name and Address of New Registered Agent:

QUILLIN, KRISTOFER  
8510 FOREST GLADE DRIVE  
HUDSON, FL 34667 US

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: KRISTOFER QUILLIN

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: QUILLIN, CHRIS  
Address: 8510 FOREST GLADE DRIVE  
City-St-Zip: HUDSON, FL 34667 US

Title: VP ( ) Delete  
Name: QUILLIN, CHRIS  
Address: 8510 FOREST GLADE DRIVE  
City-St-Zip: HUDSON, FL 34667 US

Title: S ( ) Delete  
Name: QUILLIN, CHRIS  
Address: 8510 FOREST GLADE DRIVE  
City-St-Zip: HUDSON, FL 34667 US

Title: T ( ) Delete  
Name: QUILLIN, CHRIS  
Address: 8510 FOREST GLADE DRIVE  
City-St-Zip: HUDSON, FL 34667 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: QUILLIN, KRISTOFER  
Address: 8510 FOREST GLADE DRIVE  
City-St-Zip: HUDSON, FL 34667 US

Title: VP (X) Change ( ) Addition  
Name: QUILLIN, KRISTOFER  
Address: 8510 FOREST GLADE DRIVE  
City-St-Zip: HUDSON, FL 34667 US

Title: S (X) Change ( ) Addition  
Name: QUILLIN, KRISTOFER  
Address: 8510 FOREST GLADE DRIVE  
City-St-Zip: HUDSON, FL 34667 US

Title: T (X) Change ( ) Addition  
Name: QUILLIN, KRISTOFER  
Address: 8510 FOREST GLADE DRIVE  
City-St-Zip: HUDSON, FL 34667 US

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: KRISTOFER QUILLIN

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date