2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004
Secretary of State

DOCUMENT# P94000025633

Entity Name: HUDSON AUTO CARE, INC.

Current Principal Place of Business:

8619 STATE ROAD 52
HUDSON, FL 34667

New Principal Place of Business:

Current Mailing Address:

8619 STATE ROAD 52
HUDSON, FL 34667

New Mailing Address:

FEI Number: 59-3228376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAULIDES, NICHOLAS
8619 STATE ROAD 52
HUDSON, FL 34667

Name and Address of New Registered Agent:

PAVLIDES, NIKOLAS N PRESIDE
8619 STATE ROAD 52
HUDSON, FL 34667

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: NIKOLAS PAVLIDES 01/29/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: PAVLIDES, NICHOLAS
Address: 8619 STATE ROAD 52
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition
Name: PAVLIDES, NIKOLAS
Address: 8619 STATE ROAD 52
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NIKOLAS PAVLIDES PRES 01/29/2004
Electronic Signature of Signing Officer or Director Date