

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 10, 2006 08:00 AM  
Secretary of State

DOCUMENT # P94000033712

1. Entity Name

SEIDMAN HUDON FOOD BROKERAGE, INC.



Principal Place of Business

7684 WILES RD  
CORAL SPRINGS, FL 33067 US

Mailing Address

7684 WILES RD  
CORAL SPRINGS, FL 33067 US



01062006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0494481

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SEIDMAN, GARY  
11856 NW 11 COURT  
CORAL SPRINGS, FL 33071

**DO NOT WRITE  
IN THIS SPACE**

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

ck# 5624.

Jan 05.06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEIDMAN, GARY 11856 NW 11 COURT CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SEIDMAN, CATHY 11856 NW 11 COURT CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUDON, ED 2761 IRMA LAKE DR WEST PALM BAY, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000381371  
01/11/06-80051-015 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cathy Seidman CATHY SEIDMAN

Date

Daytime Phone #

1-05-06 954 345 662