

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90026 003 \*\*\*158.75

DOCUMENT # P99000054334



1. Entity Name  
 HUDSON APPLIANCE, INC.

Principal Place of Business: 2436 OAKBEND DRIVE #811 PALM HARBOR FL 34683  
 Mailing Address: 2436 OAKBEND DRIVE #811 PALM HARBOR FL 34683



1st MOORE CR2E034 (10/04)

2. Principal Place of Business: 4920 WEST BREEZE Circle  
 3. Mailing Address: 4920 WEST BREEZE Circle

City & State: Palm Harbor, FL  
 Zip: 34683 Country: USA

4. FEI Number: 59-3581680 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 THOMPSON, MICHAEL  
 2436 OAKBEND DRIVE #811  
 PALM HARBOR FL 34683

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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]* Rhonda Thompson Vice President  
 (NOTE: Registered Agent signature required when reinstating) DATE: 2-4-05

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete	NAME: THOMPSON, MICHAEL STREET ADDRESS: 2436 OAKBEND DRIVE #811 CITY-ST-ZIP: PALM HARBOR FL 34683
TITLE: VP <input type="checkbox"/> Delete	NAME: THOMPSON, RHONDA STREET ADDRESS: 2436 OAKBEND DRIVE #811 CITY-ST-ZIP: PALM HARBOR FL 34683
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Michael Thompson STREET ADDRESS: 4920 WEST BREEZE Circle CITY-ST-ZIP: Palm Harbor, FL 34683
TITLE: Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Rhonda Thompson STREET ADDRESS: 4920 WEST BREEZE Circle CITY-ST-ZIP: Palm Harbor, FL 34683
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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

SIGNATURE: *[Signature]* Rhonda Thompson Vice President  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Rhonda Thompson  
 Date: 2-4-05  
 Daytime Phone #: 8394