


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # S02548 1. Entity Name HUDSON NURSERY, INC.	
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Principal Place of Business 3811 FLOYD ROAD TAMPA, FL 33618-8710	Mailing Address 3811 FLOYD ROAD TAMPA, FL 33618-8710
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DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3031364	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOPEZ, AL R. JR. 4600 WEST CYPRESS STREET SUITE 500 TAMPA, FL 33607

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC HUDSON, K.W. JR 1049 AXLEWOOD CIR. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV O'CONNELL, WINIFRED ANN 18507 YOCAM AVE LUTZ, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAXEY, ANITA 9604 N NEWPORT AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACOSTA, LUCY E 3811 FLOYD RD. TAMPA, FL 336188710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/25/06-80072-020 150.00

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anita Maxey **Anita Maxey, Sect/Treas** **04/07/2006** **813-932-6750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #