

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # S02548

1. Entity Name
HUDSON NURSERY, INC.



Principal Place of Business
**3811 FLOYD ROAD
TAMPA, FL 33618-8710**

Mailing Address
**9604 N NEWPORT AVE
TAMPA, FL 33612**



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3031364

Applied For
Not Applicable

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

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U00000879959
04/15/08-80041-007 150.00**

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**

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/2008 813-932-6750
Date Daytime Phone #