

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90245 044 ***158.75

DOCUMENT # V51807

1. Entity Name

HUDSON MANOR, INC.



Principal Place of Business

115 E DAVIS BLVD
TAMPA FL 33606
US

Mailing Address

1266 FIRST ST.
STE 8
SARASOTA FL 34236
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 158 5342 CLARK ROAD

City & State

City & State

SARASOTA, FL

Zip

Country

Zip

34233-3227

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0355318

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KISTLER, RICHARD
1266 FIRST ST, STE 8
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name RICHARD KISTLER

Street Address (P.O. Box Number is Not Acceptable)

PMB 158 5342 CLARK ROAD

City SARASOTA

FL Zip Code

34233-3227

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, 2007 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 AS
NAME KISTLER, RICHARD L
STREET ADDRESS 1266 1ST ST STE 8
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE D
NAME ROSNER, JAMES C.
STREET ADDRESS 45 PROGRESS PKWY
CITY-ST-ZIP MARYLAND HGTS MO ☐ Delete

TITLE S
NAME REITER, MARY F
STREET ADDRESS 1266 FIRST ST SUITE 8
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.6.07

94 9210888

Date

Daytime Phone #