


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # F04000006984
 1. Entity Name
 HUDSON VALLEY STAFF LIMITED, INC.



Principal Place of Business Mailing Address
 2 SPENCER DRIVE 2 SPENCER DRIVE
 RED HOOK, NY 12571 RED HOOK, NY 12571

DO NOT WRITE IN THIS SPACE



02272008 No Chg-P CR2E034 (11/05)

4. FEI Number 14-1725479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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

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**

U00000851995
 03/26/08-80011-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	<i>Pres</i>
NAME	BELLIVEAU, JAMES
STREET ADDRESS	2 SPENCER DRIVE
CITY-ST-ZIP	RED HOOK, NY 12571
TITLE	VP
NAME	BELLIVEAU, MARY
STREET ADDRESS	2 SPENCER DRIVE
CITY-ST-ZIP	RED HOOK, NY 12571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *James E. Belliveau*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08 *845 876 1987*
 Date Daytime Phone #