


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 247303 1. Entity Name HUTT INSURANCE AGENCY, INC.	
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Principal Place of Business 3106 W 23RD ST PANAMA CITY, FL 32405 US	Mailing Address P.O. BOX 2550 PANAMA CITY, FL 32402-2550
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE	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

HUTT, JOHN B III
3106 W. 23RD STREET
PANAMA CITY, FL 32405

**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 _____

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	CD HUTT, JOHN B JR 3106 W 23RD ST PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OWENS, OLIVE JEAN 3106 W 23RD ST PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTT, JOHN B III 3106 W 23RD ST PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTT, MARY F 3106 W 23RD ST PANAMA CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000529507
05/05/06-80079-019 150.00

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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: John B. Hutt, III JOHN B HUTT, III President 4-26 850-769-4888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #