


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 455162</b> 1. Entity Name HUTCHINSON ISLAND INN, INC.	
---	---

Principal Place of Business 3793 N. E. OCEAN BLVD. JENSEN BEACH, FL 34957 US	Mailing Address 3793 N. E. OCEAN BLVD. JENSEN BEACH, FL 34957 US
--	--

**DO NOT WRITE IN THIS SPACE**



01262005 No Chg-P CR2E034 (10/03)

4. FEI Number 73-0964829	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

GOOGE, JR., HOWARD E  
401 EAST OSCEOLA STREET  
STUART, FL 34994

**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)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEEDY, MARY L 100 PARK AVE BLDG OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNCAN, NICHOLAS V 100 PARK AVE OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAN, DENNIS 100 PARK AVE BLDG OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, DEADRE V 100 PARK AVE. OKLAHOMA CITY, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000233402  
02/17/05-80038-015 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dennis C Dan 2-7-05 405-272-1881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #