

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90007 027 ***158.75

DOCUMENT # 858033

1. Entity Name
HUTCHINSON CONSTRUCTION, INC.



Principal Place of Business
**2502 NORTHWAY DRIVE
VENICE, FL 34292**

Mailing Address
**2502 NORTHWAY DRIVE
VENICE, FL 34292**



02272004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-2858836

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUTCHINSON, JEFFREY
2502 NORTHWAY DRIVE
VENICE, FL 34292**

**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

Jeffrey S. Hutchinson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **V**
NAME **HUTCHINSON, COLLEEN**
STREET ADDRESS **2502 NORTHWAY DR**
CITY-ST-ZIP **VENICE, FL**

TITLE **PT 5**
NAME **HUTCHINSON, JEFFREY**
STREET ADDRESS **2502 NORTHWAY DRIVE**
CITY-ST-ZIP **VENICE, FL**

TITLE **S**
NAME **HUTCHINSON, COLLEEN**
STREET ADDRESS **2502 NORTHWAY DR**
CITY-ST-ZIP **VENICE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Jeffrey S. Hutchinson
Signature and typed or printed name of signing officer or director

President Jeffrey S. Hutchinson 3/4/04 941 468-6500
Date Daytime Phone #