

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90001 022 ***158.75

DOCUMENT # G33982

1. Entity Name
HUTCHINSON PLUMBING CO., INC.



Principal Place of Business
**6347 S. MAGNOLIA AVE
OCALA, FL 34474 US**

Mailing Address
**6347 S. MAGNOLIA AVE
OCALA, FL 34474 US**

40029802



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-2295790

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUTCHINSON, WILLIAM B.
6347 S. MAGNOLIA AVE.
OCALA, FL 34478**

Name

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

City

FL

Zip Code

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME P
HUTCHINSON, WILLIAM B. SR. ☐ Delete
STREET ADDRESS
6347 S. MAGNOLIA AVE
CITY-ST-ZIP Ocala, FL 34478

TITLE NAME P
WILLIAM B. HUTCHINSON SR. ☒ Change ☐ Addition
STREET ADDRESS
6347 S. MAGNOLIA AVE.
CITY-ST-ZIP Ocala, FL 34474

TITLE NAME V
HUTCHINSON, ELAINE P ☒ Delete
STREET ADDRESS
6347 S. MAGNOLIA AVE.
CITY-ST-ZIP Ocala, FL 34474

TITLE NAME VP
ELLEN M. HUTCHINSON ☐ Change ☒ Addition
STREET ADDRESS
6347 S. MAGNOLIA AVE.
CITY-ST-ZIP Ocala, FL 34474

TITLE NAME ST
HUTCHINSON, ELLEN M ☒ Delete
STREET ADDRESS
1701 N.E. 39TH AVE., #401
CITY-ST-ZIP Ocala, FL 34470

TITLE NAME ST
THOMAS E. HUTCHINSON ☐ Change ☐ Addition
STREET ADDRESS
6347 S. MAGNOLIA AVE
CITY-ST-ZIP Ocala, FL 34474

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-07

Date

352-266-6843

Daytime Phone #