

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G68561

FILED
Jan 14, 2004
Secretary of State

Entity Name: HUTCHINSON UTILITIES SERVICE CORP.

Current Principal Place of Business:

P. O. BOX 1747
JENSEN BCH, FL 349588747

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1747
JENSEN BCH, FL 349588747

New Mailing Address:

FEI Number: 59-2603220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLEY, CLAUDE
345 N.E. ELM TERRACE
JENSEN BEACH, FL 34957

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MALLEY, CLAUDE,
Address: 345 NE ELM TERRACE
City-St-Zip: JENSEN BEACH, FL

Title: ST () Delete
Name: MALLEY, ANNETTE,
Address: 345 NE ELM TERRACE
City-St-Zip: JENSEN BEACH, FL

Title: VP () Delete
Name: HEDGEPEETH, JEFF
Address: 6529 SE HELD COURT
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MALLEY, CLAUDE,
Address: 345 NE ELM TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: ST (X) Change () Addition
Name: MALLEY, ANNETTE,
Address: 345 NE ELM TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDE MALLEY

P

01/14/2004

Electronic Signature of Signing Officer or Director

Date