




**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H41597</b> 1. Entity Name <b>BUDDY HUTCHINSON, INC.</b>			
Principal Place of Business <b>SUNBEAM CENTER, SUITE 1 5100 SUNBEAM ROAD JACKSONVILLE, FL 32257</b>		Mailing Address <b>PO BOX 23939 JACKSONVILLE, FL 32244</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04202004    No Chg-P    CR2E034 (10/03)	
		4. FEI Number <b>59-2493520</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUTCHINSON, MILFORD F. 5100 SUNBEAM RD. #1 JACKSONVILLE, FL 32257</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE	P		
NAME	HUTCHINSON, MILFORD F.		
STREET ADDRESS	5100 SUNBEAM RD STE 1		
CITY - ST - ZIP	JACKSONVILLE, FL 32257		
TITLE	ST		
NAME	JOYNER, JOHN H		
STREET ADDRESS	5100 SUNBEAM RD., STE 1		
CITY - ST - ZIP	JACKSONVILLE, FL 32256		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		4/21/04    904-673-0858	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date    Day/Time Phone #	