


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # H41597 1. Entity Name BUDDY HUTCHINSON, INC.	
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Principal Place of Business SUNBEAM CENTER, SUITE 1 5100 SUNBEAM ROAD JACKSONVILLE, FL 32257	Mailing Address PO BOX 23939 JACKSONVILLE, FL 32244
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04142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2493520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HUTCHINSON, MILFORD F. 5100 SUNBEAM RD. #1 JACKSONVILLE, FL 32257	DO NOT WRITE IN THIS SPACE
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000515672 04/29/06-80138-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUTCHINSON, MILFORD F. 5100 SUNBEAM RD STE 1 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOYNER, JOHN H 5100 SUNBEAM RD., STE 1 JACKSONVILLE, FL 32256
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *M. Hutchinson* *Mil F. Hutchinson* *4/14/06* *904-673-0858*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #