2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H50136

FILED Apr 23, 2007 08:00 A Secretary of State

1. Entity Name HUTSON AUTOMOTIVE REPAIR, INC.)
Principal Pla	ace of Business	Mailing Address	-	7
3201 US H	WY 441-27), Park,, Fl 34731 US	3201 US HWY 441-27 FRUITLAND, PARK,, FL 34731	US	A PRECIPIT BURK BUTH BURK) HIKEB KUHA BHKU BURK BURK BURK BURK BURK BURK BURK BU
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				03082007 No Chg-P CR2E034 (11/05)
Ţ	OO NOT WRITE I	N THIS SPAC	CE ,	4. FEI Number Applied For 59-2508919 Not Applicable
		,		5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Regi	stered Agent	,	
FRUITLAI	HWY 441-27 ND PARK, FL 34731			DO NOT WRITE IN THIS SPACE
	e named entity submits this statement for the tions of registered agent.	purpose of changing its registere	ed office or register	ared agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	a if applicable. (NOTE: Registered	Agent signature required	d when reinstating) DATE
FIL After M	.E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.		6.00 May Be ded to Fees
10.	OFFICERS AND DIRE	CTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUTSON, CLAUDE C. 2904 DAVID STEWART LANE LADY LAKE, FL 32159		ž. ,	U00000726711 05/04/07-80018-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HUTSON, LINDA H. 2904 DAVID STEWART LANE LADY LAKE, FL 32159	-		557 6T7 67 65516 617 156.66
TITI F			Ι. '	

OTHER DESIGNATION OF THE PERSON OF THE PERSO

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:

NAME STREET ADDRESS

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NAME
STREET ADDRESS
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CITY-ST-ZIP
CONTROL OF THE ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda H. Hutson 14/19/07 1354

Dautima Phone