


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # J62400 1. Entity Name HITCHCOCK & ASSOCIATES, INC.	
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Principal Place of Business 111 S. BAYLEN ST. PENSACOLA, FL 32501	Mailing Address PO BOX 13253 PENSACOLA, FL 32591-3253
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05012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2845364	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HITCHCOCK, PATRICIA D. 111 SOUTHBAYLEN STREET PENSACOLA, FL 32502	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: <i>Patricia Hitchcock</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)</small>	DATE: <i>4/30/07</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000759669 05/24/07-80052-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HITCHCOCK, PATRICIA D 111 SOUTH BAYLEN STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BRENNEN, GLENIS 2411 LARKIN STREET PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRENNEN, GLENIS 2411 LARKIN ST. PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HITCHCOCK, PATRICIA 111 SOUTH BAYLEN STREET PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: <i>Patricia Hitchcock</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE: <i>4/30/07</i> DAYTIME PHONE #: <i>(850) 434-6447</i>