


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # J88962		
1. Entity Name HUTCHINS REALTY, INC.		
Principal Place of Business C/O DONALD W. HUTCHINS 2067 N. SAXON BLVD. DELTONA, FL 32725		Mailing Address C/O DONALD W. HUTCHINS 2067 N. SAXON BLVD. DELTONA, FL 32725
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HUTCHINS, DONALD W. 1390 FREEPORT DELTONA, FL 32725		DO NOT WRITE IN THIS SPACE
6. 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> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HUTCHINS, DONALD W. 1390 FREEPORT DELTONA, FL	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Donald Hutchins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>DONALD HUTCHINS</u> Date <u>2/23/05</u> 386 Daytime Phone # <u>789 5440</u>



02232005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2867557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/28/05-80020-009 150.00

**DO NOT WRITE
IN THIS SPACE**