2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 04, 2004 08:00 AM DOCUMENT # P00000032399 **Secretary of State** HUTCHINGS MANAGEMENT CORP. Mailing Address Principal Place of Business 16805 ROCKWELL HEIGHTS LANE 16805 ROCKWELL HEIGHTS LANE CLERMONT, FL 34711 CLERMONT, FL 34711 CR2E034 (10/03) 01082004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3653327 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOSKOWITZ, JOSEPH DO NOT WRITE 16823 ROCKWELL HEIGHTS LANE CLERMONT, FL 34711 IN THIS SPACE 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. DATE Sometive typod or printed name of registered sorrit and title 4 socilicable. (NOTE: Registered Apply signature required when revisitating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 18. स्याह PD U00000037037 HUTCHINGS, MARIAN NAME 02/06/04-80078-023 150.00 16805 ROCKWELL HEIGHTS LANE STREET ADDRESS CLERMONT, FL 34711 COLY-ST-76 SD 737££ HUTCHINGS, GERALD NAME STREET ADDRESS 16805 ROCKWELL HEIGHT LANE CITY-ST-ZP CLERMONT, FL 34711 ane NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE BITLE NAME STREET ADDRESS CHY-ST-ZP TITLE NAME

12. Thereby certify that the information supplied with this filling 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 attachmonymith an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TE7+# NAME STREET ADDRESS CITY-ST-ZP