2004 FOR PROFIT CORPORATION ANNUAL REPORT

7:13PM

FILED. Apr. 27.

Apr 29, 2004 08:00 AM Secretary of State

DOCUMENT # P01000043745

1. Entity Name PETER J. HUTCHISON, P.A.

Principal Place of Business

4740 NW 102 AVENUE #206 MIAMI, FL 33178 Mailing Address

4740 NW 102 AVENUE #206 MIAMI, FL 33178



DO NOT WRITE IN THIS SPACE

5. Name and Address of Current Registered Agent

04232004 No

No Chg-P CR2E034 (10/03)

4. FEI Number 65-1103043 Applied For Not Applica

5. Certificate of Status Desired

\$8.75 Additional Fee Required

HUTCHISON, PETER J

4740 NW 102 AVE #208 LARGO, FL 33778

DO NOT WRITE IN THIS SPACE

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|---|---|---------------------------------------|-------------------------------|--------------------------------|--|--|
| | named entity submits this statement for the plants of registered agent. | urpose of changing its registered off | ice or r | egistered agent, or bi | oth, in the State of Florida. I am familiar with, and according | |
| SIGNATURE_ | Signature, typed or printed name of registered agent and title (| applicable. (NOTE Aegistateo Agen | (signature | required when reinstating) | DATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution | | | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TOAS | | | | |
| title Name Street address City-St-Zip | D HUTCHISON, PETER J 4740 NW 102 AVE #206 MIAMI, FL \$3178 | | | | 000000138335 04/29/04-80074-011 150.00 | |
| Title Vame Street address City-St-Zip | | | | | | |
| ntle Name Street address City-51-Zip | | | DO NOT WRITE IN THIS SPACE | | | |
| tyle Name Street address Civy-st-zip | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | esīr _* | | | | | |
| nitle Name Etreet address Dity-st-zip | | | | | | |

12. Thereby cently 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GTER J. HUTCHLON

04/58/01

306-423-0332

Daylimo Phone #