

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90003 024 \*\*\*150.00

DOCUMENT # P02000099087

1. Entity Name

HUTCHINSON ISLAND TRADING, INC.



Principal Place of Business

~~10701 SOUTH OCEAN BLVD., #865~~  
~~HUTCHINSON ISLAND~~  
~~JENSEN BEACH FL 34957~~

Mailing Address

~~10701 SOUTH OCEAN BLVD., #865~~  
~~HUTCHINSON ISLAND~~  
~~JENSEN BEACH FL 34957~~

2. Principal Place of Business

1537 HOLY ROAD LANE

Suite, Apt. #, etc.

HIGHLAND GLEN

City & State

PORT ST. LUCIE, FL

Zip

34952

Country

ST. LUCIE

3. Mailing Address

SAME

Suite, Apt. #, etc.

HIGHLAND GLEN

City & State

PORT ST. LUCIE FL

Zip

34952

Country

ST. LUCIE



MOORE

CR2E034 (11/03)

4. FEI Number

51-0469561

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GALANTE, EDWARD B  
516 CAMDEN AVE.  
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME DUCHAJ, ROBERT G  
STREET ADDRESS ~~10701 SOUTH OCEAN BLVD., #865~~  
CITY-ST-ZIP ~~JENSEN BEACH FL 34957~~

TITLE D ☐ Delete  
NAME DUCHAJ, BETTY  
STREET ADDRESS ~~10701 SOUTH OCEAN BLVD., #865~~  
CITY-ST-ZIP ~~JENSEN BEACH FL 34957~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME ROBERT G. DUCHAJ  
STREET ADDRESS 1537 SE HOLY ROAD LANE  
CITY-ST-ZIP PORT ST. LUCIE FLA 34952

TITLE D ☒ Change ☐ Addition  
NAME BETTY DUCHAJ  
STREET ADDRESS 1537 SE HOLY ROAD LANE  
CITY-ST-ZIP PORT ST. LUCIE FLA 34952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-04

Date

772-341-1331

Daytime Phone #