2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 23, 2006 8:00 am Secretary of State **DOCUMENT # P03000042923** 03-23-2006 90001 042 ***150.00 1. Entity Name HUTSON REAL PROPERTIES, INC. Principal Place of Business Mailing Address 4928 NW 55TH STREET 4928 NW 55TH STREET GAINESVILLE, FL 32653 GAINESVILLE, FL 32653 2. Principal Place of Business 3. Mailing Address PO Box 3940 NW 16 BIVD Suite, Apt. #, etc 03202006 CR2E034 (11/05) Cha-P Gity & State Applied For 4. FELNumber City & State Bainesvi 06-1689312 Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired USF Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **HUTSON, DENISE LOWRY** Street Address (P.O. Box Number is Not Acceptable) **4928 NW 55TH STREET** GAINESVILLE, FL 32653 City Zip Code 8. The above named entity ent 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 regis SIGNATURE: of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Ree will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. **PSTD** ☐ Change Addition Delete TITLE TITLE **HUTSON, DENISE LOWRY** NAME STREET ADDRESS 4928 NW 55 ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE, FL 32653 ☐ Change ■ Addition VPD Delete TITLE HUTSON, BENNETT A NAME STREET ADDRESS 4928 NW 55 ST STREET ADDRESS GAINESVILLE, FL 32653 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Detete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 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 received or visited-expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rec changed, or on an attachm

TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED