

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 03, 2007  
Secretary of State**

DOCUMENT# P03000045125

Entity Name: OWEN HUTCHINSON, INC

**Current Principal Place of Business:**

4519 WALNUT STREET  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

4519 WALNUT STREET  
BUNNELL, FL 32110

**New Mailing Address:**

FEI Number: 90-0108276      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HUTCHINSON, REBECCA  
4519 WALNUT STREET  
BUNNELL, FL 32110      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: OWEN HUTCHINSON

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HUTCHINSON, OWEN  
Address: 4519 WALNUT STREET  
City-St-Zip: BUNNELL, FL 32110

Title: VD ( ) Delete  
Name: BRYAN, ALLEN  
Address: 4519 WALNUT STREET  
City-St-Zip: BUNNELL, FL 32110

Title: SD ( ) Delete  
Name: HUTCHINSON, REBECCA B  
Address: 4519 WALNUT STREET  
City-St-Zip: BUNNELL, FL 32110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OWEN MUTCHINSON

PD

10/03/2007

Electronic Signature of Signing Officer or Director

Date