

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000100881



1. Entity Name
MIKE HUTCHENS & ASSOCIATES, INC.

Principal Place of Business
**4328 SPRINGMOOR DR W
 JACKSONVILLE, FL 32225**

Mailing Address
**4328 SPRINGMOOR DR W
 JACKSONVILLE, FL 32225**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt. #, etc.

03282005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0225886

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUTCHENS, MICHAEL G
 4328 SPRINGMOOR DR W
 JACKSONVILLE, FL 32225**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPTS	<input type="checkbox"/> Delete
NAME	HUTCHENS, MICHAEL G	
STREET ADDRESS	4328 SPRINGMOOR DR W	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000316103
 04/19/05-80061-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

Michael G Hutchens Pres
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael G Hutchens 4/14/05 904-641-1449
 Date Daytime Phone #