

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031879

FILED
Jan 11, 2006
Secretary of State

Entity Name: HUTCHINSON ISLAND MANAGEMENT, INC.

Current Principal Place of Business:

2 KINGBIRD LANE
KEY WEST, FL 33040

New Principal Place of Business:

PO BOX 6234
JENSEN BEACH, FL 34957

Current Mailing Address:

2 KINGBIRD LANE
KEY WEST, FL 33040

New Mailing Address:

PO BOX 6234
JENSEN BEACH, FL 34957

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PRIBRAMSKY, STEVEN
937 FLEMING ST
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

INDIAN RIVER PLANTATION PROPERTIES, LLC
145 NE EDGEWATER DRIVE
SUITE 4101
STUART, FL 34996 US

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: ED OHLSON

01/11/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MGRM () Delete
Name: OHLSON, ED
Address: 2 KINGBIRD LN
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: OHLSON, KRISTINE
Address: 2 KINGBIRD LN
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change () Addition
Name: OHLSON, ED
Address: PO BOX 6234
City-St-Zip: JENSEN BEACH, FL 34957

Title: MGRM (X) Change () Addition
Name: OHLSON, KRISTINE
Address: PO BOX 6234
City-St-Zip: JENSEN BEACH, FL 34957

I hereby certify that the information supplied with this filing does not qualify for the 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: ED OHLSON

MGRM

01/11/2006

Electronic Signature of Signing Officer or Director

Date