

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000158935

1. Entity Name
HUTCH TOUCH EXHIBIT SERVICES, INC.



Principal Place of Business

**3104 FLOWERTREE RD.
ORLANDO, FL 32812 US**

Mailing Address

**3104 FLOWERTREE RD.
ORLANDO, FL 32812 US**



05032006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0733838

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HUTCHISON, MICHAEL J
3104 FLOWERTREE RD.
ORLANDO, FL 32812**

**DO NOT WRITE
IN THIS SPACE**

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

Michael J Hutchison

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/06

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

HUTCHISON, MICHAEL J

STREET ADDRESS

3104 FLOWERTREE RD.

CITY-ST-ZIP

ORLANDO, FL 32812

TITLE

S

NAME

HUTCHISON, MICHAEL J

STREET ADDRESS

3104 FLOWERTREE RD.

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

U00000585158
05/20/06-80114-017 150.00

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IN THIS SPACE**

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 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 J Hutchison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/06

Date

407 383 6234

Daytime Phone #