


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000161260</b>	
1. Entity Name <b>TOM HUTCHISON PAINTING &amp; HOME REPAIR INC</b>	

Principal Place of Business <b>4222 US 129 NORTH LIVE OAK, FL 32060 US</b>	Mailing Address <b>4222 US 129 NORTH LIVE OAK, FL 32060 US</b>
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01232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-1662538</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>HUTCHISON, THOMAS H 4222 US 129 NORTH LIVE OAK, FL 32060</b>
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**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 \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<b>HUTCHISON, THOMAS H</b>
NAME	<b>4222 US 129 NORTH</b>
STREET ADDRESS	<b>LIVE OAK, FL 32060</b>
CITY-ST-ZIP	
TITLE <b>VP</b>	<b>STANFORD, ANTHONY P</b>
NAME	<b>16917 188TH STREET</b>
STREET ADDRESS	<b>LIVE OAK, FL 32060</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/07-80070-012 150.00

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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:**  **TOM HUTCHISON, PRESIDENT**

Date **4-1-07** Daytime Phone # \_\_\_\_\_