

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90118 007 ***158.75

DOCUMENT # P06000005491

1. Entity Name
HUTCHINSON DEVELOPMENT INC.



Principal Place of Business
**6347 SOUTH MAGNOLIA AVENUE
OCALA, FL 34474**

Mailing Address
**6347 SOUTH MAGNOLIA AVENUE
OCALA, FL 34474**



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4142600

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HUTCHINSON, WILLIAM B SR.
6347 SOUTH MAGNOLIA AVENUE
OCALA, FL 34474**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P HUTCHINSON, WILLIAM B SR. 6347 SOUTH MAGNOLIA AVENUE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP HUTCHINSON, ELLEN M 6347 SOUTH MAGNOLIA AVENUE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST HUTCHINSON, WILLIAM B JR. 7 ACOMONO TRAILWAY 7 ACOMONO TRAILWAY OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

William Hutchinson **4-13-08 352-266-6843**