2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2008 08:00 A **DOCUMENT # P06000113364 Secretary of State** 1. Entity Name JERRY HUTCHENS, INC. Principal Place of Business Mailing Address 1108 BAYOU BOULEVARD 1108 BAYOU BOULEVARD PENSACOLA, FL 32503 PENSACOLA, FL 32503 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0181409 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **HUTCHENS, JERRY** DO NOT WRITE 1108 BAYOU BOULEVARD PENSACOLA, FL 32503 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE **HUTCHENS, JERRY** NAME STREET ADDRESS 1108 BAYOU BOULEVARD CITY-ST-7IP PENSACOLA, FL 32503 TITLE U00000779008 01/11/08-80021-009 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED

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:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR.

Date of Director of Dir

CITY-ST-ZIP