


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # S87982	
1. Entity Name HUTCHINSON ISLAND CORPORATION	

Principal Place of Business 1100 LINTON BLVD SUITE C9 DELRAY BCH, FL 33444 US	Mailing Address 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801 US
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0289284	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRITCHFIELD, RICHARD H. 1100 LINTON BVD SUITE C-4 DELRAY BEACH, FL 33444	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.	

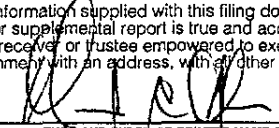
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000094702 03/23/04-80007-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS WALSH, MICHAEL 1100 LINTON BLVD STE C9 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT WALSH, MARK 1100 LINTON BLVD STE C9 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WALSH, WILLIAM 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRITCHFIELD, RICHARD 1100 LINTON BLVD C9 DELRAY BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ADE, RICHARD C 1000 MARKET ST BLDG 1 PORTSMOUTH, NH 03801
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 exemption stated in Section 119.07(3)(i), 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 any other like empowered.

SIGNATURE:  **Richard H. Critchfield** **1-9-2014** **(407) 559-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #