





2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90045 008 ***150.00

DOCUMENT # 841895 1. Entity Name FLORENCE & HUTCHESON, INC.			
Principal Place of Business P.O. BOX 7267 2550 IRVIN COBB DR. PADUCAH, KY 42002-7267		Mailing Address P.O. BOX 7267 2550 IRVIN COBB DR. PADUCAH, KY 42002-7267	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		03152005	Chg-P CR2E034 (10/03)
		4. FEI Number 61-0648608	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLUNT, MILTON 9753 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32821		7. Name and Address of New Registered Agent Name Ross Glunt Street Address (P.O. Box Number is Not Acceptable) 1800 Roper Road City St Cloud FL Zip Code 34771	
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  DATE 3-9-05	
SIGNATURE TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLBURN, ROGER L 2550 IRVIN COBB DR PADUCAH, KY 42003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUGHES, JERRY D STE 230 1231 MURFEESBORO RD NASHVILLE, TN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Scott, III, Harris Ste 320 1231 Murfreesboro Road Nashville, TN 37217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV GLUNT, BEN G 2550 IRVIN COBB DR PADUCAH, KY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, BOD/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Glunt, Ben G. 971 Rogers Bridge Road Duncan, SC 29334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERS, SUZANNE 2550 IRVIN COBB DRIVE PADUCAH, KY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ECHOLS, JR ROBERT L 2700 MIDDLEBURG DRIVE COLUMBIA, SC 29204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Echols, Robert L 2700 Middleburg Drive St# 150 Columbia, SC 29204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THACHER DAN 2550 IRVIN COBB DR PADUCAH, KY 42003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Thacher, Dan 2550 Irvin Cobb Drive Paducah, KY 42003
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 all other like empowered.			
SIGNATURE: 		DATE 3-15-05 210 444-9691	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	