


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000074428
 1. Entity Name
HATHAWAY A.D., INC.



Principal Place of Business: 1701 RIVERLAND RD, FT LAUDERDALE FL 33312
 Mailing Address: 1701 RIVERLAND RD, FT LAUDERDALE FL 33312



2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
 3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
WITCOSKI-TEZA, CHRISTINE
 1701 RIVERLAND RD
 FT LAUDERDALE FL 33312

4. FEI Number: **65-0445757**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P O Box Number is Not Acceptable): _____
 City: _____ State: **FL** Zip Code: _____

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: _____ DATE: _____
Signature: typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete	NAME: WITCOSKI-TEZA, CHRISTINE
STREET ADDRESS: 1701 RIVERLAND RD	CITY-ST-ZIP: FT LAUDERDALE FL
TITLE: PVST <input type="checkbox"/> Delete	NAME: WITCOSKI-TEZA, CHRISTINE
STREET ADDRESS: 1701 RIVERLAND RD	CITY-ST-ZIP: FT LAUDERDALE FL
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Christine Teza Date: 3/31/06 Daytime Phone #: 954-791-9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR