-2007 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY - ST-ZIP > FILED Apr 19, 2007 08:00 AM Secretary of State

DOCUMENT # P95000076181 1. Entity Name HATCH REPAIR, INC.				Secr	etary of Sta	
Principal Plac 15 BOCA CHI KEY WEST, F	ICA ROAD	Mailing Address 15 BOCA CHICA ROAD KEY WEST, FL 33040		F AND HOLD HE AND SHIF	1851 81155 1851 5 81 588	
D	O NOT WRITE I	CE	7,521,524,110 (010.011.	Chg-P CR2	E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HATCH, DENZIL V 15 BOCA CHICA ROAD KEY WEST, FL 33040 8. The above named entity submits this statement for the purpose of changing its registered office or rethe obligations of registered agent.				IN THI	State of Florida. 1 an	E
SIGNATURE Signature, lyped or pnnted name of registered agent and little if applicable. (NOTE: Registered Agent aigneture required when relinations) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fi Trust Fund Contribution				.00 May Be led to Fees		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	OFFICERS AND DIRI D HATCH, DENZIL V 15 BOCA CHICA ROAD KEY WEST, FL 33040	ECTORS				
NAME STREET ADDRESS CITY-ST-ZIP]	DO NO	T WRIT	E

DO NOT WRITE IN THIS SPACE

U00000716277 04/30/07-80001-022 150.00

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 Of Daylore Phone #