

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90263 006 \*\*\*150.00

**DOCUMENT # P97000063322**

1. Entity Name  
**HATCH'S PEST CONTROL, INC.**



Principal Place of Business  
**9 LARKSPUR LN.  
DEBARY, FL 32713 US**

Mailing Address  
**P.O. BOX 740014  
ORANGE CITY, FL 32774 US**

**50000321**



01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

**2461 SLEEPY OAK LN**

Suite, Apt. #, etc.

**DELAND**

City & State

**FL**

Zip

**32720**

Country

**VOLUSIA**

3. Mailing Address

**P.O. BOX 740014**

Suite, Apt. #, etc.

City & State

**ORANGE CITY**

Zip

**32720**

Country

**VOLUSIA**

4. FEI Number  
**59-3459822**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HATCH, PAUL  
9 LARKSPUR LN  
DEBARY, FL 32713**

7. Name and Address of New Registered Agent

Name **PAUL HATCH**

Street Address (P.O. Box Number is Not Acceptable)  
**2461 SLEEPY OAK LN**

City

**DELAND**

FL

Zip Code

**32720**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PVPS  
HATCH, PAUL  
9 LARKSPUR LN.  
DEBARY, FL 32713** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PUR  
HATCH PAUL  
2461 SLEEPY OAK LN  
DELAND FL 32720** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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

Daytime Phone #

**1-12-07**  
**386255**  
**5454**  
**95-0000**