

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N26412

1. Entity Name
108 HANGAR MATES INC.



Principal Place of Business
**45 WORK LAKE CT.
NICEVILLE, FL 32578 US**

Mailing Address
**45 WORK LAKE CT.
NICEVILLE, FL 32578 US**



04032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2900288

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TUTTLE, ERNEST W
45 WERK LAKE CT
NICEVILLE, FL 32578**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TUTTLE, ERNEST W
STREET ADDRESS	45 WERK LAKE CT
CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	VD
NAME	BRANDON, JR A C
STREET ADDRESS	175 MONAHAN DR NE
CITY-ST-ZIP	FT WALTON BEACH, FL
TITLE	STD
NAME	SUTHERLAND, ROBERT D
STREET ADDRESS	622 GOLF COURSE DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	D
NAME	SUTHERLAND, ROBERT D
STREET ADDRESS	622 GOLF COURSE DR
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/05-80019-008 61.25

**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)(f), 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 617, 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: *Robert D Sutherland* *Robert D Sutherland* **4 April 2005 850 974 9039**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #