

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90778 028 ***150.00

DOCUMENT # 326892

1. Entity Name

LANDFINDER CORP.



Principal Place of Business

~~STAR RT 2 BOX 54~~
BRISTOL FL 32321

Mailing Address

~~STAR RT 2 BOX 54~~
BRISTOL FL 32321

2. Principal Place of Business

7704 NW MLK Road
Suite, Apt. #, etc.
Hi-way C-270 North
City & State
Bristol Florida

3. Mailing Address

7704 NW MLK Road
Suite, Apt. #, etc.
Hi-way C-270 North
City & State
Bristol Florida



MOORE

CR2E034 (11/03)

4. FEI Number

59-1222045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HATCHER, JIMMY
HI-WAY 270 NORTH SWEETWATER COMM.
~~STAR RT 2 BOX 54~~ 7704 NW MLK Road
BRISTOL FL 32321

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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, 2004 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	P	<input type="checkbox"/> Delete
NAME	HATCHER, JIMMY	
STREET ADDRESS	STAR RT 2 BOX 54 7704 NW MLK Road	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RODRIGUEZ HATCHER, DENISE	
STREET ADDRESS	STAR RT 2 BOX 54 7704 NW MLK Road	
CITY-ST-ZIP	BRISTOL FL 32321	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HATCHER, VIVIAN S	
STREET ADDRESS	STAR RT 2 BOX 54 7704 NW MLK Road	
CITY-ST-ZIP	BRISTOL FL 32321	
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"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Jimmy Hatcher Jimmy Hatcher 4-24-04 850-643-2655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #