

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90015 038 ***150.00

DOCUMENT # 391017

1. Entity Name
HATTAWAYS, INCORPORATED



Principal Place of Business

601 HILLVIEW DR.
~~STE 105~~
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address

601 HILLVIEW DR.
~~STE 105~~
ALTAMONTE SPRINGS, FL 32714 US

44011063



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1384668

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HATTAWAY, ROBERT T
601 HILLVIEW DR
~~875-105~~
ALTAMONTE SPRINGS, FL 32714

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HATTAWAY, ROBERT T
STREET ADDRESS	HILLVIEW DRIVE
CITY-ST-ZIP	ALTAMONTE SPRING, FL
TITLE	SVT
NAME	HATTAWAY, TALLEY L DELETE
STREET ADDRESS	HILLVIEW DRIVE
CITY-ST-ZIP	ALTAMONTE SPRING, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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)(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: Robert T. Hattaway
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT T. HATTAWAY

2/5/04
Date

407-875-3433
Daytime Phone #