

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

01-26-2005 90012 026 ***150.00

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01162005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-1848156** Applied For Not Applicable

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

DOCUMENT # 561794
 1. Entity Name
HATAWAY AIR CONDITIONING, INC.



Principal Place of Business Mailing Address
1399 N KILLIAN DR PO BOX 530121
SUITE 7 LAKE PARK, FL 33403 US

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
HATAWAY, GILBERT L.
1023 BEDFORD AVE
PALM BEACH GARDENS, FL 33403

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PD HATAWAY, GILBERT L. 1023 BEDFORD AVENUE PALM BEACH GARDENS, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HATAWAY, MARK W. 5955 SET-SUN PLACE JUPITER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HATAWAY, JOANN L. 1023 BEDFORD AVENUE PALM BEACH GARDENS, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres Jimi M. HATAWAY 5955 SET-N-Sun PL Jupiter, FL. 33458
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)(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 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: Mark W. Hataway **MARK W. HATAWAY** 1/21/05 561-848-5330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #