2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90224 001 ***150.00

DOCUMENT # F53658

1. Entity Name
HATHAWAY'S LAND SERVICES, INC.

94071350

Principal Place of Business	Mailing Address
1520 SECOND STREET LAKE PLACID, FL 33852 US	P.O BOX 255 LAKE PLACID, FL 33862-0255 US

04272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1168 Lake Pearl Dr.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid	City & State
Zip: 33852 Country: Highlands	Zip / Country

4. FEI Number 59-2136690 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

HATHAWAY, RONALD
1520 SECOND STREET
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent

Name: Ronald Hathaway
Street Address (P.O. Box Number Is Not Acceptable): 1168 Lake Pearl Dr.
City: Lake Placid Fla. 33852 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HATHAWAY, RONALD POB 255 US 27 SOUTH LAKE PLACID, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HATHAWAY, DEBRA POB 255 US 27 SOUTH LAKE PLACID, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: Debra Hathaway 4-27-04 863-465-4862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #