

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F53658

FILED  
Mar 30, 2005  
Secretary of State

Entity Name: HATHAWAY'S LAND SERVICES, INC.

**Current Principal Place of Business:**

168 LAKE PEARL DR  
LAKE PLACID, FL 33850 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 255  
LAKE PLACID, FL 338620255 US

**New Mailing Address:**

FEI Number: 59-2136690

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HATHAWAY, RONALD  
168 LAKE PEARL DR  
LAKE PLACID, FL 33852 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HATHAWAY, RONALD,  
Address: POB 255 US 27 SOUTH  
City-St-Zip: LAKE PLACID, FL

Title: SD ( ) Delete  
Name: HATHAWAY, DEBRA,  
Address: POB 255 US 27 SOUTH  
City-St-Zip: LAKE PLACID, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD

RA

03/30/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date