

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-12-2004 90030 047 \*\*\*150.00

DOCUMENT # H54839 - . . .

1. Entity Name  
H & A PLASTERING, INC.



Principal Place of Business  
4260 FIVEPA COURT  
SPRINGHILL, FL 34608

Mailing Address  
4260 FIVEPA COURT  
SPRINGHILL, FL 34608

54005454



2. Principal Place of Business  
153 Randolph Ave  
Suite, Apt. #, etc.  
Spring Hill  
City & State  
Florida

3. Mailing Address  
153 Randolph Ave  
Suite, Apt. #, etc.  
Spring Hill  
City & State  
Florida

02062004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-2538907

Applied For  
Not Applicable

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

Zip 34606 Country Hernando

Zip 34606 Country Hernando

## 6. Name and Address of Current Registered Agent

HACKETT, DONALD  
4260 RIVIERA COURT  
SPRING HILL, FL 34608

## 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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	HACKETT, DONALD	
STREET ADDRESS	4260 RIVIERA COURT	
CITY-ST-ZIP	SPRING HILL, FL 34608	
TITLE	S	<input type="checkbox"/> Delete
NAME	HACKETT, KATHRYN M	
STREET ADDRESS	4260 RIVIERA COURT	
CITY-ST-ZIP	SPRING HILL, FL 34608	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	153 Randolph Ave	
CITY-ST-ZIP	Spring Hill, FL 34606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	153 Randolph Ave	
CITY-ST-ZIP	Spring Hill, FL 34606	
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		
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: Kathryn M Hackett Kathryn M Hackett 2/6/04 727-774-4104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #