2008 FOR PROFIT CORPORATION

Apr 21, 2008 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # H90158** 1. Entity Name G. W. HATCH, INC. Principal Place of Business Mailing Address 967 N. COCOA BLVD 2200 WESTMINSTER DRIVE COCOA, FL 32926 COCOA, FL 32926 No Cha-P CR2E034 (11/05) 04082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2615135 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HATCH, ANITA J. DO NOT WRITE 967 N COCOA BLVD COCOA, FL 32922 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U000000910097 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 05/06/08-80088-017 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME HATCH, GEORGE W. 2206 WESTMINSTER DR. STREET ADDRESS CITY-ST-ZIP COCOA, FL TITLE HATCH, ANITA J. NAME 2206 WESTMINSTER DR. STREET ADDRESS CITY-ST-ZIP COCOA, FL TITLE HALLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 grifustée 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.

STREET ADDRESS City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

ANGIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED