

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90041 013 ***150.00

DOCUMENT# H92351

1. EntityName
MICHAEL H. HATFIELD, P.A.



PrincipalPlaceofBusiness
**85 N. CENTRAL AVENUE
UMATILLA, FL 32784**

MailingAddress
**P.O. BOX 1290
UMATILLA, FL 32784**



01082004 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-2618812

AppliedFor
NotApplicable

5. CertificateofStatusDesired ☐ **\$8.75 Additional
FeeRequired**

6. NameandAddressofCurrentRegisteredAgent

**HATFIELD, MICHAEL H
85 NORTH CENTRAL AVENUE
UMATILLA, FL 32784**

**DO NOT WRITE
IN THIS SPACE**

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept
theobligationsofregisteredagent.

SIGNATURE

Signature,typedorprintednameofregisteredagentandtitleifapplicable.

(NOTE RegisteredAgentsignaturerequiredwhenre

instating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. ElectionCampaignFinancing
TrustFundContribution.



**\$5.00 MayBe
AddedtoFees**

10. OFFICERSANDDIRECTORS

TITLE
NAME
STREETADDRESS
CITY-ST-ZIP
**DP
HATFIELD, MICHAEL H
85 N. CENTRAL AVENUE
UMATILLA, FL 32784**

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CITY-ST-ZIP

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IN THIS SPACE**

12. IherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation
indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIama(n)officerordirector
ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and
changed,oronanattachmentwith anaddress,withallotherlikeempowered
thatmynameappearsinBlock 10orBlock 11if

SIGNATURE:

SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR

Date

DaytimePhone#

1-31-04

352 669 2131