2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2007 08:00 AM Secretary of State

DOCUMEN	T#J32223	3	
4 Patter Name			

HATCH TRANSFORMERS, INC.



Principal Place of Business

5403 WEST GRAY STREET TAMPA, FL 33609

Mailing Address 5403 WEST GRAY STREET TAMPA, FL 33609

TREBIA KOD UKA NEREMDI KADE IKI DIKERIA KERIMBINI DIKERIKAN KAD

DO NOT WRITE IN THIS SPACE

04092007	No Chg-P	CR2E034 (11/05)

4. FEI Number	Applied For
59-3115345	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HATCH, MICHAEL L. 5212 W. NEPTUNE WAY TAMPA, FL 33629

of the corporation or the receiver or trustee empo

DO NOT WRITE 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.	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Registered	Agent eignatu	e required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financ Trust Fund Contribution.	sing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HATCH, MICHAEL L. 5212 W. NEPTUNE WAY TAMPA, FL	,				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000727768 05/04/07-80062-004 150.00	
TITLE NAME STREET ADDRESS CITY-S1-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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 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						