

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000006024

1. Entity Name
HITCHCOCK ENDEAVORS, INC.



Principal Place of Business
255 YUCCA RD
NAPLES, FL 34102

Mailing Address
PO BOX 613
NAPLES, FL 34106-0613



01302007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1126813

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KELLAM, MAGEN E
5147 CASTELLO DR
NAPLES, FL 34103

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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 if applicable

Magen Kellam

(NOTE: Registered Agent signature required when reinstating)

2-1-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
HITCHCOCK, STERLING
255 YUCCA RD
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
HITCHCOCK, CARREY
255 YUCCA RD
NAPLES, FL 34102

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
KELLAM, MAGEN
1160 RESERVE WAY #306
NAPLES, FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000621793
02/12/07-80031-006 61.25

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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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

Date

239 649 8090

Daytime Phone #