

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006024

FILED
Feb 08, 2008
Secretary of State

Entity Name: HITCHCOCK ENDEAVORS, INC.

Current Principal Place of Business:

255 YUCCA RD
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

PO BOX 613
NAPLES, FL 341060613

New Mailing Address:

5129 RIVER LAKES PARKWAY
WHITEFISH, MT 59937

FEI Number: 16-1126813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLAM, MAGEN E
5147 CASTELLO DR
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: HITCHCOCK, STERLING
Address: 255 YUCCA RD
City-St-Zip: NAPLES, FL 34102

Title: DPT () Delete
Name: HITCHCOCK, CARREY
Address: 255 YUCCA RD
City-St-Zip: NAPLES, FL 34102

Title: DS () Delete
Name: KELLAM, MAGEN
Address: 1160 RESERVE WAY #306
City-St-Zip: NAPLES, FL 34105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STERLING A. HITCHCOCK

DV

02/08/2008

Electronic Signature of Signing Officer or Director

Date