2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000108685

HATMAKER & ASSOCIATES COMMERCIAL



FILED Feb 20, 2004 8:00 am Secretary of State 02-20-2004 90017 020 ***150.00

	COLLECT									
	Principal Place		Mailing Address 333 17TH STREET					1.4.0.T.(טוט	
	SUITE 2-S VERO BEACH	FI 32960	SUITE 2-S VERO BEACH, FL 3296	n						
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		ace of Business	3. Mailing Address Same as	Principa	1					
	Suite, Apt.		Suite, Apt. #, etc.		3.1	02162004	Chg-P	CR2E0	34 (10/03)	
	City & State	Beach, Florida	City & State			4. FEI Number 65-1059			<u> </u>	plied Fo
	3296		Zip	Country			f Status Desired	<u></u>	\$8.75 Add Fee Required	
	- 12 12 14 14 14 14 14 14 14 14 14 14 14 14 14	6. Name and Address of Current I	Registered Agent	Name (~7. Name and A	ddress of New Re	gistered A	gent	
	4405-62NE				ddress (Oris C P.O. Box Number	: Hatm is Not Acceptable)	naker		
	VERO BEACH, FL 32967			126	50	-77th	Street	-		
				City	e.115	Smere	<u> </u>	FL	Zacad	748
		named entity submits this statement for ons of registered agent.	the purpose of changing its	registered office or	register	ed agent, or both	, in the State of Flor	rida. Lam f	amiliar with,	and acr
	SIGNATURE_									
		Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signatu	ire required	when reinstating)		DATE		
		E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaid Trust Fund Control	~		.00 May Be ed to Fees				
	10.	OFFICERS AND	DIRECTORS	11.			CHANGES TO OFFI			
	TITLE NAME	DPS HATMAKER, DELORIS C	☐ Delete	TITLE NAME	Hat	maker I	Deloris C). -4	Change	☐ Au
	STREET ADDRESS CITY-ST-Z!P	4405-62ND COURT		STREET ADDRESS CITY-ST-ZIP	1 de	-	7th Stre			
	TITLE	VERO BEACH, FL 32967 DVT	□ Delete	TITLE	1101	15mere	, <i>FL 32</i> Joseph	5740	Change	Ad
	NAME	HATMAKER, JOSEPH J		NAME	126	50-11	th Stre	et		
	STREET ADDRESS CITY-ST-ZIP	4405-62ND COURT VERO BEACH, FL 32967		STREET ADDRESS CITY-ST-ZIP	Fel	Ismere.	FL 329			
	TITLE= =		Delete —	TITLE				-	☐ Change	☐ Ad
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	CITY-ST-ZIP			CITY-ST-ZIP				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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	NAME			NAME						
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	TITLE		☐ Delete	TITLÉ					☐ Change	Ao
	NAME. STREET ADDRESS			NAME STREET ADDRESS						
	CITY-ST-ZIP			CITY-ST-ZIP						

12. Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informati 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 direct 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 changed, or on an attachment with an address, with all other fike empowered.

Deloris C. Hatmaker 2/17/04