
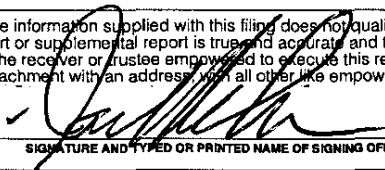


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90033 045 ***150.00

DOCUMENT # P01000091289 1. Entity Name HATCHERS, INC.			
Principal Place of Business 400 E. GULF TO ATLANTIC HWY. WILDWOOD, FL 34785		Mailing Address 400 E. GULF TO ATLANTIC HWY. WILDWOOD, FL 34785	
2. Principal Place of Business 8632 CR 221 Suite, Apt. #, etc.		3. Mailing Address 8632 CR 221 Suite, Apt. #, etc.	
City & State WILDWOOD, FL Zip 34785		City & State WILDWOOD, FL Zip 34785	
4. FEI Number 59-3747537		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ATTRIDGE, MARY ESQ 222 S. FLORIDA ST. BUSHNELL, FL 33513		7. Name and Address of New Registered Agent Name JACK O HATCHER Street Address (P.O. Box Number is Not Acceptable) 8632 CR 221 City WILDWOOD FL Zip Code 34785	
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 <input checked="" type="checkbox"/> DATE <input checked="" type="checkbox"/> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HATCHER, JACK O 400 E. GULF TO ATLANTIC HWY. WILDWOOD, FL 34785	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HATCHER, JACK O 8632 CR 221 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 3-17-04 Daytime Phone #: 352-748-6052	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			