2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000091289

1. Entity Name HATCHERS, INC.



FILED Feb 06, 2008 08:00 AM Secretary of State

Principal Place of Business

8632 CR 221

WILDWOOD, FL 34785

Mailing Address

8632 CR 221

WILDWOOD, FL 34785



DO NOT WRITE IN THIS SPACE

01232008 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3747537

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HATCHER, JACK O 8632 CR 221 WILDWOOD, FL 34785

DO NOT WRITE IN THIS SPACE

		IIN	INIS SPACE
	named entity submits this statement for the purpose of changing its regisions of registered agent.	I stered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regis	stered Agent signature required when reinstating)	DATE
FIL After M	E NOWIII FEE IS \$150.00 9. Election Campaign Fi	inancing \$5.00 May Be on.	According to the contract of
TITLE : " NAME STREET ADDRESS GITY-ST-ZIP	DPST HATCHER, JACK O 8632 CR 221 WILDWOOD, FL 34785		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000818036 02/15/08-80027-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			PLEAS
TITLE	- · · · · · · · · · · · · · · · · · · ·	1	

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 supplymental 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 effects, with all effects.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

SNATURE AND YPED OR PRINTED NAME OF SIGNING OF SIGNING

7-4-08 353-3

352-33-819