

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90016 011 ***150.00

DOCUMENT # P02000082102	
1. Entity Name B.A. HATTAWAY & ASSOCIATES, P.A.	



Principal Place of Business 1833 EDGEWATER DR ORLANDO, FL 32804	Mailing Address 1833 EDGEWATER DR ORLANDO, FL 32804
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50000990

2. Principal Place of Business 3107 EDGEWATER DR Suite, Apt. #, etc. SUITE 3 City & State ORLANDO, FL Zip 32804 Country ORANGE	3. Mailing Address 3107 EDGEWATER DR Suite, Apt. #, etc. SUITE 3 City & State ORLANDO, FL Zip 32804 Country ORANGE
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01042005 Chg-P CR2E034 (10/03)

4. FEI Number 04-3706250	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 HATTAWAY, B.A. 1833 EDGEWATER DR ORLANDO, FL 32804	7. Name and Address of New Registered Agent Name BA HATTAWAY Street Address (P.O. Box Number is Not Acceptable) 3107 EDGEWATER DR SUITE 3 City ORLANDO FL Zip Code 32804
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATTAWAY, B.A. 1833 EDGEWATER DR ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BA HATTAWAY 3107 EDGEWATER DR STE 3 ORLANDO, FL 32804 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HATTAWAY, RACHEL 1833 EDGEWATER DR ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RACHEL HATTAWAY 3107 EDGEWATER DR STE 6 ORLANDO, FL 32804 <input checked="" 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
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: <i>B.A. Hattaway</i> PRESIDENT	Date: 1/5/05	Daytime Phone #: 407-835-9336
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