


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000115028 1. Entity Name HATHCOX PLASTERING, INC.	
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Principal Place of Business 8053 NW 130TH ST CHIEFLAND, FL 32626	Mailing Address P.O. BOX 46 CEDAR KEY, FL 32625
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04222006 No Chg-P CR2E034 (11/05)

4. FEI Number
43-2036533

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAUSEY, KATHRYN F CPA
12421 SR 24
CEDAR KEY, FL 32625

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS HATHCOX, GEORGE 8053 NW 130TH ST. CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CAUSEY, KATHRYN F 12421 SR 24 CEDAR KEY, FL 32625
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DANIELS, JOHN 8053 NW 130TH ST CHIEFLAND, FL 32626
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**DO NOT WRITE
IN THIS SPACE**

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 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: K Causey C.P.A., TR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06
Date

Daytime Phone #