

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90048 028 ***150.00

DOCUMENT # P03000115028

1. Entity Name
HATHCOX PLASTERING, INC.



Principal Place of Business
8053 NW 130TH ST
CHIEFLAND, FL 32626

Mailing Address
P.O. BOX 46
CEDAR KEY, FL 32625

40116723



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

12421 SR 24

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182007

Chg-P

CR2E034 (12/06)

City & State

City & State

CEDAR KEY, FL

4. FEI Number

43-2036533

Applied For

Not Applicable

Zip

Country

Zip

32625

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PS
NAME HATHCOX, GEORGE
STREET ADDRESS 8053 NW 130TH ST.
CITY-ST-ZIP CHIEFLAND, FL 32626 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME CAUSEY, KATHRYN F
STREET ADDRESS 12421 SR 24
CITY-ST-ZIP CEDAR KEY, FL 32625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME DANIELS, JOHN
STREET ADDRESS 8053 NW 130TH ST
CITY-ST-ZIP CHIEFLAND, FL 32626 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 CPA K CAUSEY CPA T. 4/18/07 352-5436271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #