

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90086 033 ***150.00

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1. Entity Name

HATCHER HOMES, INC.



Principal Place of Business

2670 CHOCTAW TRAIL
MARIANNA FL 32446
US

Mailing Address

2670 CHOCTAW TRAIL
MARIANNA FL 32446
US

2. Principal Place of Business

2888 Appalachee Trail
Suite, Apt. #, etc.

3. Mailing Address

2888 Appalachee Trail
Suite, Apt. #, etc.

City & State

Marianna Florida
Zip Country
32446 U.S.

City & State

Marianna Florida
Zip Country
32446 U.S.

4. FEI Number

20-0384317

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAMES, C. SHARON
2629 BLAIR STONE ROAD
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

Clinton M. Hatcher

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HATCHER, CLINTON M
STREET ADDRESS 2670 CHOCTAW TRAIL
CITY-ST-ZIP MARIANNA FL 32446

TITLE S ☐ Delete
NAME HATCHER, TERESA J
STREET ADDRESS 2670 CHOCTAW TRAIL
CITY-ST-ZIP MARIANNA FL 32446

TITLE O ☐ Delete
NAME PARRISH, TRAVIS
STREET ADDRESS P.O. BOX 382
CITY-ST-ZIP BLOUNTSTOWN FL 32324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME Clinton M. Hatcher
STREET ADDRESS 2888 Appalachee Trail
CITY-ST-ZIP Marianna FL 32446

TITLE S ☒ Change ☐ Addition
NAME Teresa J. Hatcher
STREET ADDRESS 2888 Appalachee Trail
CITY-ST-ZIP Marianna FL 32446

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Clinton M. Hatcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/06 (850)272-0144