

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90090 001 \*\*\*150.00

<b>DOCUMENT # P04000011195</b> 1. Entity Name HATCHETTE ENTERPRISES, INC.					
Principal Place of Business 38 BOB'S LANDING BABSON PARK, FL 33827			Mailing Address 38 BOB'S LANDING BABSON PARK, FL 33827		
2. Principal Place of Business 735 Waterbridge Dr.		3. Mailing Address 735 Waterbridge Dr.			
Suite, Apt. #, etc. City & State Winter Haven FL		Suite, Apt. #, etc. City & State Winter Haven FL		4. FEI Number 020716416	
Zip 33880		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HATCHETTE, MARK E 38 BOB'S LANDING BABSON PARK, FL 33827			7. Name and Address of New Registered Agent Name: Hatchette, Mark E. Street Address (P.O. Box Number is Not Acceptable): 735 Waterbridge Dr. City: Winter Haven FL Zip Code: 33880		
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: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATCHETTE, MARK E <input type="checkbox"/> Delete BOB'S LANDING, #38 BABSON PARK, FL 33827		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATCHETTE, MARK E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 735 Waterbridge Dr. Winter Haven FL 33880	
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.					
<b>SIGNATURE: MARK HATCHETTE</b> <i>Mark Hatchette</i> (PRES.) APR. 11/05 863-528-3703 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					