

T. Roberts JAN 30 2036

1. Entity Name
THE HATCHER AGENCY, INC.



FILED

06 JAN 30 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
2888 Jefferson St.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 215
Suite, Apt. #, etc.

City & State
MARIANNA, FL.
Zip
32448

City & State
MARIANNA, FL.
Zip
32447
Country
JACKSON

4. FEI Number	<input checked="" type="checkbox"/>	Applied For
	<input type="checkbox"/>	Not Applicable

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

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 32301-2960

Name BRENDA F. HATCHER
Street Address (P.O. Box Number is Not Acceptable) 2888 JEFFERSON ST.
City MARIANNA

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 reinstating)

DATE 1/2

1/340e

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	DPVS	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JUDITH	
STREET ADDRESS	2888 JEFFERSON STREET	
CITY-ST-ZIP	MARIANNA, FL 32446	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PDVS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HATCHER, BRENDA F.		
STREET ADDRESS	2888 JEFFERSON ST.		
CITY-ST-ZIP	1/10/1944 # 33446		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	100065597191	
STREET ADDRESS	02/10/06--01080--001 **150.00	
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06

Date:

Daytime Phone #