2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000127409

1. Entity Name

THE HATCHER AGENCY, INC.



FILED Jan 16, 2008 08:00 A Secretary of State

Principal Place of Business

2888 JEFFERSON STREET MARIANNA, FL 32446 Mailing Address

P 0 BOX 215

MARIANNA, FL 32447



DO NOT WRITE IN THIS SPACE

01152008 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3524094

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HATCHER, BRENDA 2888 JEFFERSON ST MARIANNA, FL 32446

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registere	ed office or ri	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature typed or printed name of registered agent and title	t applicable (NOTE Registerer	d Agent signature	required when reinstating)	DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		, , 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDVS HATCHER, BRENDA F 2888 JEFFERSON STREET MARIANNA, FL 32446			*	U00000735364	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/16/08-80092-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08

850 - 482-5855