

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90221 011 \*\*\*150.00

**DOCUMENT # P05000139614**

1. Entity Name

2ND GEAR, INC.



Principal Place of Business

7301 HWY. 98 N.  
SUITE A  
LAKELAND FL 33809  
US

Mailing Address

5832 MANCHESTER DR. W.  
LAKELAND FL 33810  
US



2. Principal Place of Business

6208 HWY 98 N.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

LAKELAND, FL

City & State

FL

4. FEI Number

20-3614113

Applied For

Not Applicable

Zip

33809

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AIRTH, HAL A JR.  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name

DEBORA E HATCHER

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

5832 MANCHESTER DR. W.

City

LAKELAND

FL

Zip Code

33810

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

*Debora E. Hatcher*

DEBORA E. HATCHER 4/19/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	D	<input type="checkbox"/> Delete
NAME	HATCHER, DEBORA	
STREET ADDRESS	5832 MANCHESTER DR. W.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	P	<input type="checkbox"/> Delete
NAME	HATCHER, DEBORA	
STREET ADDRESS	5832 MANCHESTER DR. W.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HATCHER, RAYMOND	
STREET ADDRESS	5832 MANCHESTER DR. W.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	S	<input type="checkbox"/> Delete
NAME	HATCHER, RAYMOND	
STREET ADDRESS	5832 MANCHESTER DR. W.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	T	<input type="checkbox"/> Delete
NAME	HATCHER, DEBORA	
STREET ADDRESS	5832 MANCHESTER DR. W.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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:** *Raymond C. Hatcher* RAYMOND C. HATCHER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06

863-428-2320

Date

Daytime Phone #