

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-04-2006 90147 044 ***150.00

DOCUMENT # P05000144959

1. Entity Name

HATHCOCK TREE SERVICE, INC.



Principal Place of Business

446 SPRINGHILL RD.
PERRY FL 32347

Mailing Address

446 SPRINGHILL RD.
PERRY FL 32347

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-3881988

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY FL 32351

7. Name and Address of New Registered Agent

Name

Wendy Hathcock

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

446 Springhill Rd.

City

Perry

FL

Zip Code

32347

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]

Wendy Hathcock

3/21/06

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

(NOTE: Registered Agent signature required when reconstituting)

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 ☐ Delete

NAME HATHCOCK, WILLIAM R

STREET ADDRESS 446 SPRINGHILL RD.

CITY- ST- ZIP PERRY FL 32347

TITLE ☐ Delete

NAME HATHCOCK, WENDY R

STREET ADDRESS 446 SPRINGHILL RD.

CITY- ST- ZIP PERRY FL 32347

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

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 ☐ 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

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 or other like empowered.

SIGNATURE:

[Signature] Wendy R. Hathcock

3/21/06

850-584-3135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #