

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000149192

1. Entity Name  
HITCHCOCK AG SERVICES, INC.



FILED

06 NOV 16 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2016 SEMINOLE TRAIL  
LAKELAND, FL 33803 US

Mailing Address  
2016 SEMINOLE TRAIL  
LAKELAND, FL 33803 US



2. Principal Place of Business

3. Mailing Address

10262006 REIN-P CR2E098 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
20-3756341

Applied For  
Not Applicable

City & State

City & State

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

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HITCHCOCK, DAVID  
2016 SEMINOLE TRAIL  
LAKELAND, FL 33803

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$150.00  
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME HITCHCOCK, DAVID P ☐ Delete  
STREET ADDRESS 2016 SEMINOLE TRAIL  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE S  
NAME HITCHCOCK, KATHY ☐ Delete  
STREET ADDRESS 2016 SEMINOLE TRAIL  
CITY-ST-ZIP LAKELAND, FL 33803

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 300081877983  
CITY-ST-ZIP 11/16/06--01071--017 \*\*\$150.00

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

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

TITLE ☐ Change ☐ Addition  
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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 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:

*David Hitchcock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-06 863-557-0082

Date

Daytime Phone #