

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90082 006 \*\*\*150.00

DOCUMENT # P06000043095

1. Entity Name

JIM HATHAWY MARINE FIBERGLASS, INC.



Principal Place of Business  
4500 GULF DRIVE APT A  
HOLMES BEACH FL 34217

Mailing Address  
4500 GULF DRIVE APT A  
HOLMES BEACH FL 34217



2. Principal Place of Business - No P.O. Box #

4500 GULF DR.

3. Mailing Address

SAME

1st MOORE

CR2E034 (10/06)

Suite, Apt. #, etc.

APT A

Suite, Apt. #, etc.

SAME

City & State

HOLMES BEACH, FLORIDA

City & State

SAME

4. FEI Number

74-3169231

Applied For

Not Applicable

Zip

34217

Country

MANATEE

Zip

SAME

Country

SAME

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HATHAWAY, JAMES  
4500 GULF DRIVE APT A  
HOLMES BEACH FL 34217

7. Name and Address of New Registered Agent

Name JIM HATHAWAY MARINE FIBERGLASS INC.

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

4500 GULF DR. APT A

"NO NEW AGENTS"

City

HOLMES BEACH

FL

Zip Code

34217

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 JAMES F. HATHAWAY

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

James F. Hathaway

(NOTE: Registered Agent signature required when reappointing)

4/24/07

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 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  
NAME HATHAWAY, JAMES  
STREET ADDRESS 4500 GULF DRIVE APT A  
CITY - ST - ZIP HOLMES BEACH FL 34217

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY - ST - ZIP

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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: JAMES F. HATHAWAY James F. Hathaway 4/24/07 941-713-5462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #