

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE

DOCUMENT # P10000049715

1. Entity Name

Hatcheface, Inc.



FILED

11 MAY 24 AM 8:16

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

2063 Gilmore Street

Suite, Apt. #, etc.

3. Mailing Address

2063 Gilmore Street

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

27-285990

Applied For

Not Applicable

Zip

32204

Country

US

Zip

32204

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Isbell, Chancey G.

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

2063 Gilmore Street

City

Jacksonville

FL

Zip Code

32204

DO NOT WRITE
IN THIS SPACE

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

Chancey G. Isbell

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

(NOTE: Registered Agent signature required when re-instating)

DATE

5/19/2011

January 1 - May 1. Fee is \$150.00

After May 1, Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution.

Added to Fees

E-mail Address:

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PVST
Isbell, Chancey G.
2063 Gilmore Street
Jacksonville, FL 32204, US

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Chancey G. Isbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/2011

DATE

904-525-6031

Daytime Phone #

5/24/11