## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 16, 2008 8:00 am **Secretary of State** DOCUMENT # P92000010442 01-16-2008 90045 026 \*\*\*150.00 HATTEN CONTRACTORS, INC. Principal Place of Business Mailing Address 5422 BORAN PLACE **5422 BORAN PLACE** 40004801 TAMPA, FL 33610 TAMPA, FL 33610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1103 BIG CREEK DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01022008 .Chq-P CR2E034 (12/06) City & State WESLEY CHAPEL FL 33544 4. FEI Number Applied For 59-3153037 Not Applicable Zip Country Country 3354-A \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HATTEN, JOSEPHINE Street Address (P.O. Box Number is Not Acceptable) 715 EAST SEWARD STREET TAMPA, FL 33604 City 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. Lam 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition JOSEPHINE HATTEN NAME NAME STREET ADDRESS 715 EAST SEWARD STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition HATTEN, WAYMAY NAME NAME STREET ADDRESS 715 EAST SEWARD STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change HATTEN, TRUMAN NAME NAME STREET ADDRESS 1502 EAST HANNA AVENUE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33610** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 of trustee emplowered 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 life employered. SIGNATURE:

FILED