

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90036 025 ***150.00

DOCUMENT # P95000029046

1. Entity Name

HATFIELD HOMES, INC.



Principal Place of Business

1220 E. SUGARLAND HWY
CLEWISTON FL 33440
US

Mailing Address

P.O. BOX 248
CLEWISTON FL 33440

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0584878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WATKINS, JOHN J
150 S MAIN ST
LABELLE FL 33935

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 May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☐ Delete
NAME HATFIELD, DWIGHT
STREET ADDRESS 818 W ROYAL PALM AVE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 215 DESOTO AVE
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE DVPS ☐ Delete
NAME HATFIELD, JANET
STREET ADDRESS 818 W. ROYAL PALM AVE.
CITY-ST-ZIP CLEWISTON FL 33440

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 215 DESOTO AVE
CITY-ST-ZIP CLEWISTON, FL 33440

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Janet Hatfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANET HATFIELD 2-19-04
Date Daytime Phone #