

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000020319**

1. Entity Name  
**HATCHER HEAVY EQUIPMENT, INC.**



Principal Place of Business  
**4335 HUCKLEBERRY LANE  
SOUTHPORT, FL 32409**

Mailing Address  
**4335 HUCKLEBERRY LANE  
SOUTHPORT, FL 32409**



04172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3368339**

Applied For  
☐ Not Applicable

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

**8. Name and Address of Current Registered Agent**

**HATCHER, ROBERT L  
4335 HUCKLEBERRY LANE  
SOUTHPORT, FL 32409**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and fee 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**VST  
HATCHER, MARY  
4335 HUCKLEBERRY LANE  
SOUTHPORT, FL 32409**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**DC  
JORGENSEN, DANNY L  
4335 HUCKLEBERRY LANE  
SOUTHPORT, FL 32409**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**P  
HATCHER, ROBERT L  
4335 HUCKLEBERRY LANE  
SOUTHPORT, FL 32409**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MD  
MILEWSKI, SANDRA  
4335 HUCKLEBERRY LANE  
SOUTHPORT, FL 32409**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

U000000121311  
04/20/04-80046-004 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Mary Hatcher  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04 (850)265-4359  
Date Daytime Phone #