



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000004887</b>	
1. Entity Name HATCHER CATERING, INC.	

Principal Place of Business 1325 BESSENT ROAD STARKE, FL 32091	Mailing Address 1325 BESSENT ROAD STARKE, FL 32091
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DO NOT WRITE IN THIS SPACE

	
01182005 No Chg-P	CR2E034 (10/03)
4. FEI Number 59-3459112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  COOPER, JOHN S 100 WEST CALL STREET STARKE, FL 32091	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATCHER, HARRY M III 1325 BESSENT ROAD STARKE, FL 32091
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATCHER, JOANN J 1325 BESSENT ROAD STARKE, FL 32091
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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: 	HARRY M. HATCHER	1/19/05	904-964-4696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #