2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000055944

1. Entity Name
L M HATCH, INC.

Principal Place of Business	Mailing Address
S MONROE STREET MAYO, FL 32066	PO BOX 238 MAYO, FL 32066

DO NOT WRITE IN THIS SPACE

01182005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3458445	Not Applicable

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

---

6. Name and Address of Current Registered Agent

HATCH, MINNIE KATE
S MONROE STREET
MAYO, FL 32066

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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2005 Fee will be $550.00 | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees |

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	HATCH, MINNIE KATE
STREET ADDRESS	S MONROE STREET
CITY-ST-ZIP	MAYO, FL 32066

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

04/08/05-80026-003 150.00

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: _Minnie Kate Hatch_   4-4-05   386-294-1621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #