## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P99000031584

1. Entity Name THE HATMAN, INC.



FILED Jan 15, 2004 08:00 AM Secretary of State

Principal Place of Business

2021 MARYE BRANT LOOP NORTH NEPTUNE BEACH, FL 32266 Mailing Address

2021 MARYE BRANT LOOP NORTH NEPTUNE BEACH, FL 32266



01062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3568262

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEVITT, MARK T 2021 MARYE BRANT LOOP NORTH NEPTUNE BEACH, FL 32266

## DO NOT WRITE IN THIS SPACE

NEPTUNE BEACH, FL 32266			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_	Signiture, typed or printed name of registered agent and title	r applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing 🖂	\$5.00 May Be Added to Fees	
TO.  TITLE NAME STREET ADDRESS GHY-ST-ZIP TITLE NAME SIREET ADDRESS GHY-ST-ZIP TITLE NAME STREET ADDRESS GHY-ST-ZIP	OFFICERS AND DIRECT DPST DEVITT, MARK T 2021 MARYE BRANT LOOP NORTH NEPTUNE BEACH, FL 32266  VP DEVITT, MICHELE D 2021 MARIE BRANT LOOP N NEPTUNE BEACH, FL 32266	TORS		DO	000000004432 01/15/04-80012-017 150.00 <b>NOT WRITE</b>
TITLE NAME STREET ADDRESS CUTY-ST-ZIP TITLE NAME STREET ADDRESS CUTY-ST-ZIP				IN ·	THIS SPACE

12. Thereby certify that the information supplied with this filling 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:

TITLE NAME

CITY-ST-ZIP

Mark Deut

MARK Devit

14 Jan 04

904-246-0440