

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90043 018 \*\*\*150.00

<b>DOCUMENT # S84186</b>	
1. Entity Name THE CHATTACHAUCHEE MAN, INC.	



Principal Place of Business 2930 SEBRING AVE SEBRING, FL 33875 US	Mailing Address 2930 SEBRING AVE SEBRING, FL 33875 US
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2. Principal Place of Business 310 SPRING LAKE	3. Mailing Address 310 SPRING LAKE BLVD
Suite, Apt. #, etc. BLVD	Suite, Apt. #, etc.

01312004 Chg-P CR2E034 (10/03)

City & State PORT CHARLOTTE FLA	City & State PORT CHARLOTTE, FLA.
Zip 33952	Country CHARLOTTE

4. FEI Number 59-3100480	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 HULL, HAROLD E. 201 GARDEN TERRACE SEBRING, FL 33870 <i>ADDRESS CHANGE</i> <i>Block 7</i>	
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7. Name and Address of New Registered Agent Name HAROLD E HULL Street Address (P.O. Box Number is Not Acceptable) 310 SPRING LAKE BLVD City PORT CHARLOTTE FL Zip Code 33952	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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 HULL, HAROLD E. 201 GARDEN TERRACE SEBRING, FL <i>310 SPRING LAKE BLVD</i> <i>PORT CHARLOTTE FLA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULL, GLADYS ANN 201 GARDEN TERRACE SEBRING, FL <i>SAME</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Harold E Hull* 1-31-03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #