

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000091095

**Entity Name:** PATRICIA HATCH PA

**Current Principal Place of Business:**

350 S. LAWRENCE BLVD  
SUITE A  
KEYSTONE HEIGHTS, FL 32656

**Current Mailing Address:**

350 S. LAWRENCE BLVD  
SUITE A  
KEYSTONE HEIGHTS, FL 32656 US

**FEI Number:** 46-4051008

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HATCH, PATRICIA  
350 S. LAWRENCE BLVD  
SUITE A  
KEYSTONE HEIGHTS, FL 32656 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HATCH, PATRICIA  
Address PO BOX 600861  
City-State-Zip: JACKSONVILLE FL 32260

Title VP, CFO  
Name HATCH, DAVID K  
Address 350 S. LAWRENCE BLVD  
SUITE A  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID K HATCH

VP, CFO

01/29/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date