


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000003220

1. Entity Name
HATRICK INVESTMENTS, INC.



Principal Place of Business Mailing Address

30725 AURORA ROAD 30725 AURORA ROAD
SOLO, OH 44139 SOLO, OH 44139

DO NOT WRITE IN THIS SPACE



01122006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
34-1897606 Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE #4
WESTON, FL 33331

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P/S
NAME	KASSIGKEIT, HENRY C
STREET ADDRESS	30 EASTON LANE
CITY-ST-ZIP	MORELAND HILLS, OH 44022
TITLE	T
NAME	LASALVIA, ROBERT F
STREET ADDRESS	30 EASTON LANE
CITY-ST-ZIP	MORELAND HILLS, OH 44022
TITLE	O
NAME	SETLOCK, PATRICIA
STREET ADDRESS	30 EASTON LANE
CITY-ST-ZIP	MORELAND HILLS, OH 44022
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/20/06-80005-008 50.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Robert F. Lasalvia* Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR