


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90048 029 \*\*\*150.00

**DOCUMENT # 259238**  
 1. Entity Name  
 HAMMOND CONSTRUCTION, INC.



Principal Place of Business  
 1039 ARAGON AVENUE  
 WINTER PARK, FL 32789-4729 US

Mailing Address  
 1039 ARAGON AVENUE  
 WINTER PARK, FL 32789-4729 US

JUU10J6Z



2. Principal Place of Business  
 241 MICHAEL DR.  
 Suite, Apt. #, etc.

3. Mailing Address  
 241 MICHAEL DR.  
 Suite, Apt. #, etc.

01172005 Chg-P CR2E034 (10/03)

City & State  
 LONGWOOD, FL

City & State  
 LONGWOOD, FL

Zip  
 32779-2754

Country  
 SEMINOLE

Zip  
 32779-2754

Country  
 SEMINOLE

4. FEI Number  
 59-0972149

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 HAMMOND, GEORGE S  
 1039 ARAGON AVENUE  
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent  
 Name  
 HAMMOND, GEORGE S.  
 Street Address (P.O. Box Number is Not Acceptable)  
 241 MICHAEL DR  
 City  
 LONGWOOD, FL Zip Code  
 32779-2754

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: *George S. Hammond* GEORGE S. HAMMOND, PRESIDENT FEB 17 2005  
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	PD	<input type="checkbox"/> Delete
NAME	HAMMOND, GEORGE S	
STREET ADDRESS	1039 ARAGON AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CONNELL, RICHARD A	
STREET ADDRESS	1830 VIA GENOA	
CITY-ST-ZIP	WINTER PARK, FL 327891525	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAMPSON, JOANNE H	
STREET ADDRESS	1039 ARAGON AVENUE	
CITY-ST-ZIP	WINTER PARK, FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	241 MICHAEL DR	
CITY-ST-ZIP	LONGWOOD, FL 32779-2754	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN D. HAMMOND	
STREET ADDRESS	VD	
CITY-ST-ZIP	241 MICHAEL DR	
	LONGWOOD, FL 32779-2754	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *George S. Hammond* GEORGE S. HAMMOND, PRESIDENT FEB 17 2005 407-644-2755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #