2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 24, 2007 08:00 AM Secretary of State

DOCUMENT # 259238 1. Entity Name HAMMOND CONSTRUCTION, INC.						Secreta	ary of Sta
Principal Plac	e of Business	Mailing Address 241 MICHAEL DR	•				
	FL 32779-2754 US	LONGWOOD, FL 32779-2754	US		II 8111 I 1845 (1888 1888 1881 18		
r	O NOT WRITE	IN THIS SOA	CE	07182007	No Chg-P	CR2E034	(11/05)
_	O NOT WKITE	IIN I IIIO OFA	UE :: Lin (hab)	4. FEI Numb 59-097			Applied For Not Applicable
i to acc				5. Certificate	of Status Desired		.75 Additional Required
	6. Name and Address of Current R	egistered Agent	rs ,			1, ,1.	
HAMMON 241 MICH	D,GEORGE S AEL DR			DO	NOT W	/RITE	
LONGWO	OD, FL 32779-2754			in -	THIS SI	PACE	· · · · · · · · · · · · · · · · · · ·
			1.	٠.	i		
8. The above the obligat	named entity submits this statement for ions of registered agent.	the purpose of changing its register	ed office or register	red agent, or bo		londa Tamfam 0770352	liar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent ar	d Itig il applicable (NOTE: Registeri	d Agent signature required	when reinstaling)			<u>18 150.00</u> '
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	Election Campaign Fina Trust Fund Contribution.	+	.00 May Be ed to Fees	In accordance corporation did	with s. 607.19 not receive th	3(2)(b), F.S., the e prior notice.
10.	OFFICERS AND D	RECTORS			, , !	,	· .
TITLE NAME	HAMMOND, GEORGE S			** 4			
STREET ADDRESS CITY-ST-7IP	241 MICHAEL DR LONGWOOD, FL 327792754						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN, HAMMOND 241 MICHAEL DR						
TITLE	LONGWOOD, FL 32779						•
NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	/RITE	, , , , , , , , , , , , , , , , , , ,
TITLE NAME				IN T	THIS SI	PACE	:
STREET ADDRESS CITY-ST-ZIP							The South of the
TITLE NAME					1	ing service of the se	er en
STREET ADDRESS CITY-ST-ZIP	1	·•				ئىيىت داخلىد دىدىن	The second
TITLE		, e					may a second of the second
NAME STREET ADDRESS			•		., 1, 1		***

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: _

CITY-ST-ZIP

THE AND TYPED OF HINTED TO ME OF STORMA OFFICER OR DIRECTOR

18/07 407 644-2755