



**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-11-2005 90001 015 \*\*\*150.00

<b>DOCUMENT # L71275</b>			
1. Entity Name <b>HAMMOND'S JEWELERS, INC.</b>			
Principal Place of Business 101 N. ORLANDO AVE. COCOA BEACH FL 32931		Mailing Address 101 N. ORLANDO AVE. COCOA BEACH FL 32931	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3006314</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HAMMOND, RICHARD G. 101 N. ORLANDO AVE. COCOA BEACH FL 32931</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>273 So. Atlantic Ave.</b> City <b>Cocoa Beach</b> <b>FL</b> Zip Code <b>32931</b>	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State</b>		S 607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, RICHARD G.	NAME	<b>273 So. Atlantic Ave</b>
STREET ADDRESS	101 N. ORLANDO AVE.	STREET ADDRESS	<b>Cocoa Beach, FL 32931</b>
CITY-ST-ZIP	COCOA BEACH FL	CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND, KAREN S.	NAME	<b>273 So. Atlantic Ave</b>
STREET ADDRESS	101 N. ORLANDO AVE.	STREET ADDRESS	<b>Cocoa Beach, FL 32931</b>
CITY-ST-ZIP	COCOA BEACH FL	CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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:  <b>KAREN S. HAMMOND</b>		Date: <b>8-8-2005</b> 321 783 1575	
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT 06026671  
#L71275

**HAMMOND'S JEWELERS INC.**

101 NO. ORLANDO AVE.  
COCOA BEACH, FL 32931



321 783-8081

8-25-2005

DIVISION OF CORPORATIONS,

I AM RETURNING MY  
ANNUAL REPORT. I DID NOT  
RECEIVE FORM IN THE MAIL AT  
BEGINNING OF YEAR.

PLEASE WAIVE MY  
LATE FEE DUE TO NOT  
RECEIVING THE FORM.

Thank you

KAREN HAMMOND  
REF # L71275



ATTACHMENT

66026671

FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 12, 2005

HAMMOND'S JEWELERS, INC.  
101 N. ORLANDO AVE.  
COCOA BEACH, FL 32931

Subject: HAMMOND'S JEWELERS, INC.

Reference Number: L71275

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,  
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF  
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-  
1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS  
ANNUAL REPORTS SECTION