


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 22, 2005 08:00 AM  
Secretary of State

DOCUMENT # P93000060947  
1. Entity Name  
HAMER ENTERPRISES, INC.



Principal Place of Business  
4316 WALLACE ROAD  
LAKELAND, FL 33813 US

Mailing Address  
6010 SOURWOOD WAY  
BARTOW, FL 33830



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3198972 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
HAMER, JAMES H  
6010 SOURWOOD WAY  
BARTOW, FL 33830

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6. 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)

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 NAME STREET ADDRESS CITY-ST-ZIP	D HAMER, JAMES H 6010 SOURWOOD WAY BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HAMER, LIN 6010 SOURWOOD WAY BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HAMER, KEVIN 4129 SUNNY GLEN DRIVE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/22/05-80115-020 150.00

DO NOT WRITE IN THIS SPACE

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: Lin Hamer LIN Hamer VPS 4-20-05 (863)646-8681  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #