


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 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**



01302008 No Chg-P CR2E034 (11/05)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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, 2008 Fee will be \$550.00**

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

UN0000090820
05/01/08-2008-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HAMER, JAMES H
STREET ADDRESS	6010 SOURWOOD WAY
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	VPS
NAME	HAMER, LIN
STREET ADDRESS	6010 SOURWOOD WAY
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	VPS
NAME	HAMER, KEVIN
STREET ADDRESS	5012 IRONWOOD TRAIL
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Lin Hamer Lin Hamer VPS 4-16-08 (863)646-8681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #