

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P16775**

1. Entity Name  
**HAMMOND VENTURE, INC.**



Principal Place of Business  
**121 ALHAMBRA PLAZA  
PENTHOUSE 1, SUITE 1600  
CORAL GABLES, FL 33134**

Mailing Address  
**121 ALHAMBRA PLAZA  
PENTHOUSE 1, SUITE 1600  
CORAL GABLES, FL 33134**



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2248649** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RENTZ, R. LARRY  
121 ALHAMBRA PLAZA, PH 1, SUITE 1600  
CORAL GABLES, FL 33134**

**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, 2005 Fee will be \$550.00**

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

U000000203242

01/23/05-80021-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BELL, JAMES F JR
STREET ADDRESS	1160 JOHNSON FERRY RD
CITY-ST-ZIP	ATLANTA, GA 30319
TITLE	DV
NAME	MORRIS, W. ALLEN
STREET ADDRESS	121 ALHAMBRA PLAZA, PH 1, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	T
NAME	GIL, YAZMIN
STREET ADDRESS	121 ALHAMBRA PLAZA, PH 1, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	GRAHAM, DALE I
STREET ADDRESS	121 ALHAMBRA PLAZA, PH 1, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	V
NAME	RENTZ, R. LARRY
STREET ADDRESS	121 ALHAMBRA PLAZA, PH 1, SUITE 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
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 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:

*[Signature]* **YAZMIN GIL, TREASURER 1/18/05 305-443-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #