

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000014199

FILED  
Mar 29, 2005  
Secretary of State

Entity Name: HAMMOCK MARKETING, INC.

## Current Principal Place of Business:

668 KEMPTEN ST., NW  
PALM BAY, FL 32907

## New Principal Place of Business:

556 LAKE ASHLEY CIR.  
MELBOURNE, FL 32904

## Current Mailing Address:

668 KEMPTEN ST., NW  
PALM BAY, FL 32907

## New Mailing Address:

556 LAKE ASHLEY CIR.  
MELBOURNE, FL 32904

FEI Number: 59-3767179

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMMOCK, WILLIAM D  
668 KEMPTEN ST NW  
PALM BAY, FL 32907 US

## Name and Address of New Registered Agent:

HAMMOCK, WILLIAM D  
556 LAKE ASHLEY CIR.  
MELBOURNE, FL 32904 US

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.

SIGNATURE: \_\_\_\_\_

03/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: HAMMOCK, ROBERTA K  
Address: 668 KEMPTEN ST NW  
City-St-Zip: PALM BAY, FL 32907

Title: P ( ) Delete  
Name: HAMMOCK, WILLIAM D  
Address: 668 KEMPTEN ST NW  
City-St-Zip: PALM BAY, FL 32907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition  
Name: HAMMOCK, ROBERTA K  
Address: 556 LAKE ASHLEY CIR.  
City-St-Zip: MELBOURNE, FL 32904

Title: P (X) Change ( ) Addition  
Name: HAMMOCK, WILLIAM D  
Address: 556 LAKE ASHLEY CIR.  
City-St-Zip: MELBOURNE, FL 32904

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM D. HAMMOCK

P

03/29/2005

Electronic Signature of Signing Officer or Director

Date