2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 152043

1. Entity Name
HAMMOND ELECTRONICS, INC.

Principal Place of Business	Mailing Address
1230 WEST CENTRAL P.O. BOX 3671 ORLANDO, FL 32802	1230 WEST CENTRAL P.O. BOX 3671 ORLANDO, FL 32802

01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0570559

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KLEIN, DAVID T
1230 WEST CENTRAL
ORLANDO, FL 32802

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 _____ 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

U00000217742
02/07/05-80038-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	KLEIN, DAVID T
STREET ADDRESS	1230 W CENTRAL BLVD
CITY-ST-ZIP	ORLANDO, FL
TITLE	PD
NAME	HAMMOND, JOHN T
STREET ADDRESS	4302 WOODTREE LANE
CITY-ST-ZIP	ORLANDO, FL
TITLE	STD
NAME	HAMMOND, ANNETTE
STREET ADDRESS	205 N IVANHOE BLVD
CITY-ST-ZIP	ORLANDO, FL 00000,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

	INITIAL	DATE
APPROVAL OK		
PO PRICE ✓'D		
QTY ✓'D		
MAP ✓'D		
SALES TAX		
BATCH #		
ACCOUNT #		

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: DAVID T. KLEIN 1/17/05 407-849-6060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #