2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90396 034 ***150.00

DOCUMENT # 391669

1. Entity Name
WILLIAM S. HAMMOND, INC.

Principal Place of Business	Mailing Address
2810 US HWY 441-27 FRUITLAND PARK, FL 34731 US	2810 US HWY 441-27 FRUITLAND PARK, FL 34731 US

03142006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
34545 HAMMOND LN.	34545 HAMMOND LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EUSTIS, FL	City & State: EUSTIS, FL
Zip: 32736 Country: LAKE	Zip: 32736 Country: LAKE

4. FEI Number: 59-1369852 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMMOND, WILLIAM S 2810 US HWY 441-27 FRUITLAND PARK, FL 34731	Name: WILLIAM S. HAMMOND Street Address (P.O. Box Number is Not Acceptable): 34545 HAMMOND LN. City: EUSTIS FL Zip Code: 32736

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: William S. Hammond 4-21-06

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, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAMMOND, WILLIAM S		NAME	
STREET ADDRESS	34545 HAMMOND LANE		STREET ADDRESS	
CITY ST ZIP	EUSTIS, FL 32736		CITY ST ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	HAMMOND, W. ERIC		NAME	
STREET ADDRESS	605 ROSS ST.		STREET ADDRESS	
CITY ST ZIP	LEESBURG, FL 34748		CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY ST ZIP			CITY ST ZIP	

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: William S. Hammond 4-21-06 352-357-1512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WILLIAM S. HAMMOND