


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2004 08:00 AM
Secretary of State

DOCUMENT # 462732
 1. Entity Name
HAMMOCK MOBILE ESTATES, INC.



Principal Place of Business CORNER C634 & BRUNS RD SEBRING, FL 33870 US	Mailing Address 1820 JIN LANE SEBRING, FL 33870 US
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08102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1568947	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCCOLLUM & JOHNSON PA
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLYNTJES, THOMAS 1515 PROSPECT SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLYNTJES, JENNIFER 1515 PROSPECT SEBRING, FLORIDA 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OHRT, EVERETT 1155 GOLFSIDE DR SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OHRT, FLORENE 1155 GOLFSIDE DR SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD OHRT, JAMES E 212 KITE STR SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000170530
 08/20/04-80004-017 150.00

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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: Everett R. Ohrt Everett R. Ohrt 8-11-04 863-385-3289
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #