


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business      Mailing Address  
 CORNER C634 & BRUNS RD      1820 JIN LANE  
 SEBRING, FL 33870 US      SEBRING, FL 33870 US

**DO NOT WRITE IN THIS SPACE**



01192005    No Chg-P    CR2E034 (10/03)

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

10. OFFICERS AND DIRECTORS

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

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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)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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 a power like empowered.

*[Signature]*

**SIGNATURE:** \_\_\_\_\_      **Date:** 4-1-05      **Daytime Phone #:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR