


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 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



02062006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
59-1568947 Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 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	OT
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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03/01/06-80031-001 150.00

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: *Jennifer Solyntjes* **Jennifer Solyntjes** *2-16-06* **863-385-2302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #