

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90270 050 ***150.00

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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**

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1568947

Applied For
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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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

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, 2007 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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IN THIS SPACE**

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** 4/18/07 863-85-2302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #