

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 577048

FILED  
Jan 12, 2011  
Secretary of State

**Entity Name:** R. N. HAMMER INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

5500 SW 72 AVE  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

5500 SW 72 AVE  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 59-1831617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSINEK, JEFFREY  
9200 SOUTH DADELAND BLVD.  
SUITE 617  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

HAMMER, SHERYLL J  
5500 SW 72 AVENUE  
MIAMI, FL 33155 US

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.

SIGNATURE: SHERYLL J. HAMMER

01/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HAMMER, ROBERT N.  
Address: 5500 S.W. 72 AVENUE  
City-St-Zip: MIAMI, FL 33155 US

Title: VP  
Name: HAMMER, SHERYLL J  
Address: 5500 SW 72 AVENUE  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERYLL J. HAMMER

VP

01/12/2011

Electronic Signature of Signing Officer or Director

Date