


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 651028</b>	
1. Entity Name <b>JOHN HAMMOND CONSTRUCTION, CORP.</b>	

Principal Place of Business <b>19362 SW 103 CT MIAMI, FL 33157 US</b>	Mailing Address <b>19362 SW 103 CT MIAMI, FL 33157 US</b>
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1970391</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LEGAL ASSETS, INC. 1401 BRICKELL AVE. SUITE 700 MIAMI, FL 33131</b>
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**DO NOT WRITE 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMOND, JOHN 19362 SW 103 CT MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMMOND, MARY 19362 SW 103 CT MIAMI, FL 33157
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01/12/07-80023-012 150.00

**DO NOT WRITE 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:** Mary W Hammond Mary W Hammond 1/08/07 305-232-3862

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #