


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90189 023 ***150.00

DOCUMENT # 693161	
1. Entity Name HAMMOCK TITLE & ESCROW, INC.	

Principal Place of Business 1916-A OCEANSHORE BLVD S FLAGLER BEACH, FL 32136 US	Mailing Address 1916-A OCEANSHORE BLVD S FLAGLER BEACH, FL 32136 US
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2. Principal Place of Business 5402 N. Oceanshore Blvd.	3. Mailing Address 5402 N. Oceanshore Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Coast, Florida 32137	City & State Palm Coast, Florida 32137
Zip 32137	Country US



02232005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2110830	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOUSTOUN, LINDA T 1916-A OCEANSHORE BLVD S FLAGLER BEACH, FL 32136
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5402 N. Oceanshore Blvd. City Palm Coast FL Zip Code 32137

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 NAME STREET ADDRESS CITY-ST-ZIP	TSVP HOUSTOUN, LINDA T. 1916-A OCEANSHORE BLVD S FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOUSTOUN, EDWARD A 1916-A OCEANSHORE BLVD S FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5402 N. Oceanshore Blvd. Palm Coast, Florida 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5402 N. Oceanshore Blvd. Palm Coast, Florida 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda T. Houstoun Linda T. Houstoun 2/23/05 386.446.5491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #