

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90138 016 ***558.75

DOCUMENT # F01000000159

1. Entity Name
G.R. HAMMONDS ROOFING, INC.



Principal Place of Business
**759 SHANNON ROAD
LUMBERTON, NC 28360**

Mailing Address
**P.O. BOX 707
LUMBERTON, NC 28359**

50065185



07052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
56-2053951

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMMONS, DOUGLAS D
1463 LLOYDS COVE ROAD
TALLAHASSEE, FL 32312**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BLANKS, ANITA H**
CITY-ST-ZIP **749 HAMMONDS ROAD
LUMBERTON, NC 28360**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **HAMMONDS, RUBY L**
CITY-ST-ZIP **759 SHANNON ROAD
LUMBERTON, NC 28360**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **HAMMONDS, MITCHELL**
CITY-ST-ZIP **757 SHANNON RD.
LUMBERTON, NC 28360**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **VP**
STREET ADDRESS **ROSE, KIM R**
CITY-ST-ZIP **759 SHANNON RD.
LUMBERTON, NC 28360**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Anita H. Blanks **ANITA H. BLANKS**

Date

Daytime Phone #



ATTACHMENT
5006518
Division of Corporations

2005 Annual Report

**Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual
report form.**

This information cannot be changed on the report.	
Document Number	F01000000159
Business Entity Name	G.R. HAMMONDS ROOFING, INC.
Original File Date	01/10/2001

FEI Number 56-2053951

Principal Address 759 SHANNON ROAD
 LUMBERTON, NC 28360

Mailing Address P.O. BOX 707
 LUMBERTON, NC 28359

Registered Agent DOUGLAS D HAMMONS
 1463 LLOYDS COVE ROAD
 TALLAHASSEE, FL 32312 US

Officer/Director Name And Address

P
ANITA H BLANKS
749 HAMMONDS ROAD
LUMBERTON, NC 28360

S
RUBY L HAMMONDS
759 SHANNON ROAD
LUMBERTON, NC 28360

VP
MITCHELL HAMMONDS
757 SHANNON RD.
LUMBERTON, NC 28360

VP
KIM R ROSE
759 SHANNON RD.
LUMBERTON, NC 28360

ATTACHMENT

50065185
FD/000000/05

☒ After May 1 of each year, a late charge of \$400.00 is imposed, except in circumstances in which the entity did not receive prior notice. Please check this box if notice was not received.

If all of the above information is correct
and you do not wish to make any
changes, please select:

No Changes

If you need to make changes to
the above information, please
select:

Make Changes

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