

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 A
Secretary of State

DOCUMENT # F06000002303	
1. Entity Name HAMMER & HOFF CONSTRUCTION, INC.	
Principal Place of Business 25 IDLEWOOD RD SUITE 103 AUSTINTOWN, OH 44515	Mailing Address 25 IDLEWOOD RD SUITE 103 AUSTINTOWN, OH 44515



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-1943433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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	CP
NAME	HOFF, CHRISTOPHER
STREET ADDRESS	25 IDLEWOOD RD SUITE 103
CITY-ST-ZIP	AUSTINTOWN, OH 44515
TITLE	VCST
NAME	HAMMER, ERIC
STREET ADDRESS	25 IDLEWOOD RD SUITE 103
CITY-ST-ZIP	AUSTINTOWN, OH 44515
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80093-006 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **1/15/07** Daytime Phone # _____