

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F72768

FILED
Feb 20, 2008
Secretary of State

Entity Name: HAMMOCK HARDWARE & SUPPLY, INC.

Current Principal Place of Business:

5652 N. OCEANSHORE BLVD.
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

5652 N. OCEANSHORE BLVD.
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 59-2174994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LISA M LEON
4475 US 1 SO 201
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RUSSELL, JOHN ARDEN,, JR
Address: 5652 N. OCEANSHORE BLVD.
City-St-Zip: PALM COAST, FL 32137

Title: STD () Delete
Name: RUSSELL, MARGARET AN, N
Address: 5652 N. OCEANSHORE BLVD.
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: JENNINGS, JERRY W.,
Address: 80 HERNANDEZ AVE
City-St-Zip: PALM COAST, FL 32137

Title: VPD () Delete
Name: JENNINGS, ROBIN R.,
Address: 80 HERNANDEZ AVE
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: LUNSFORD, MARTHA D
Address: 109 PONCE DELEON CIR
City-St-Zip: PONCE INLET, FL 32127

Title: D () Delete
Name: LUNSFORD, GEORGE E
Address: 109 PONCE DELEON CIR
City-St-Zip: PONCE INLET, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET A RUSSELL

STD

02/20/2008

Electronic Signature of Signing Officer or Director

_____ Date