

2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

05 JAN -7 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F9500004377

1. Entity Name
J. L. HAMMETT COMPANY.



Principal Place of Business: **ONE HAMMETT PLACE, BRAINTREE, MA 02184**

Mailing Address: **PO BOX 859057, BRAINTREE, MA 02185-9057**

2. Principal Place of Business: Suite, Apt. #, etc.


3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____



01082004 Chg-P CR2E034 (10/03) **04-05**

4. FEI Number: **04-1413460**

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name: **REINSTATEMENT**

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.

**TRACI HOUCK
SPECIAL ASSISTANT SECRETARY**

SIGNATURE:  DATE: **1/4/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

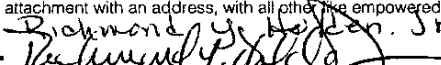
9. Election Campaign Financing **\$5.00 May Be Added to Fees**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE: C	NAME: HOLDEN, RICHMOND Y JR	<input type="checkbox"/>
STREET ADDRESS: ONE HAMMETT PLACE	CITY-ST-ZIP: BRAINTREE, MA 02184	
TITLE: PST	NAME: HOLDEN, RICHMOND Y JR	<input type="checkbox"/>
STREET ADDRESS: ONE HAMMETT PLACE	CITY-ST-ZIP: BRAINTREE, MA 02184	
TITLE: VD	NAME: HOLDEN, JEFFREY S	<input type="checkbox"/>
STREET ADDRESS: ONE HAMMETT PLACE	CITY-ST-ZIP: BRAINTREE, MA 02184	
TITLE: VCFO	NAME: DUBIN, ALVIN	<input checked="" type="checkbox"/>
STREET ADDRESS: HAMMETT PLACE	CITY-ST-ZIP: BRAINTREE, MA 02184	
TITLE: D	NAME: OLSON, CARL E	<input checked="" type="checkbox"/>
STREET ADDRESS: ONE HAMMETT PLACE	CITY-ST-ZIP: BRAINTREE, MA 02184	
TITLE: _____	NAME: _____	<input type="checkbox"/>
STREET ADDRESS: _____	CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE: Director	NAME: David F Dietz	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS: One Hammett Place	CITY-ST-ZIP: Braintree, MA 02184		
TITLE: Director	NAME: Sheriff A. Nada	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS: One Hammett Place	CITY-ST-ZIP: Braintree MA 02184		
TITLE: Director	NAME: Stephen Spinelli Jr	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS: One Hammett Place	CITY-ST-ZIP: Braintree MA 02184		
TITLE: Director	NAME: Richmond Y Holden Jr	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS: One Hammett Place	CITY-ST-ZIP: Braintree MA 02184		
TITLE: _____	NAME: _____	<input type="checkbox"/>	<input type="checkbox"/>
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:  DATE: **12/21/04** (78) 848-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B