

# 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: \_\_\_\_\_

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

**REINSTATEMENT**

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: *[Signature]* DATE: **1/4/05**

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

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: *[Signature]* DATE: **12/21/04** DAYTIME PHONE #: **(781) 848-1000**

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