2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008
Secretary of State

DOCUMENT# G40332

Entity Name: HAMMONS, LONGORIA & WHITTAKER, P.A.

Current Principal Place of Business:

% JOSEPH L. HAMMONS
MARK R. WHITTAKER;17 W CERVANTES STREET
PENSACOLA, FL 32501

New Principal Place of Business:

Current Mailing Address:

% JOSEPH L. HAMMONS
MARK R. WHITTAKER;17 W CERVANTES STREET
PENSACOLA, FL 32501

New Mailing Address:

FEI Number: 59-2299111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMMONS, JOSEPH L. & MARK R. WHITTAKER
17 WEST CERVANTES STREET
PENSACOLA, FL 32501 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: P ( ) Delete
Name: WHITTAKER, MARK,
Address: 17 WEST CERVAMTES
City-St-Zip: PENSACOLA, FL 32501

Title: ST ( ) Delete
Name: LONGORIA, DIANE
Address: 2001 E LAKEVIEW AVE
City-St-Zip: PENSACOLA, FL 32503

Title: ST ( ) Delete
Name: LONGORIA, DIANE
Address: 2001 E LAKEVIEW AVE
City-St-Zip: PENSACOLA, FL 32503

Title: VP ( ) Delete
Name: HAMMONS, JOSEPH L
Address: 751 PENSACOLA BEACH BLVD 3B
City-St-Zip: PENSACOLA BEACH, FL 32561

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
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: CLARA A. ZORNES ADM 03/03/2008

Electronic Signature of Signing Officer or Director — Date