2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32828

Entity Name: HAMMOCK BROS. ROOFING COMPANY

FILED May 10, 2004 Secretary of State

Current Principal Place	of Business:	New Principal Place of	New Principal Place of Business:	
2718 MYSTIC COVE DRI ORLANDO, FL 32812				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
POST OFFICE BOX 568965 P.O. BOX 568965 ORLANDO, FL 328568965 US			2718 MYSTIC COVE DRIVE ORLANDO, FL 32812 US	
FEI Number: 59-2709167	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
COOPER, MARK O 200 E ROBINSON STR STE 865 ORLANDO, FL 32801 US	5	COOPER, MARK O 2699 LEE ROAD WINTER PARK, FL 32		
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:			05/10/2004	
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: VPS ()	Delete	Title:	() Change () Addition	

Title: VPS () Delete Title: () Change () Addition Name: HAMMOCK, CHRISTINA B, . Name: Address: 2718 MYSTIC COVE DRIVE Address: City-St-Zip: ORLANDO, FL 32812 City-St-Zip:

Title: PT () Delete Title: () Change () Addition () Change () Change () Addition () Change () Change () Change () Addition () Change () Cha

 Name:
 HAMMOCK, JOEL D.,
 Name:

 Address:
 2718 MYSTIC COVE DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32812
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOEL HAMMOCK PRES 05/10/2004