


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90117 044 ***150.00

DOCUMENT # K73929	
1. Entity Name BARKSDALE'S HAMMOCK, INC.	

Principal Place of Business 11812 ILLINOIS ST DUNNELLO, FL 34431	Mailing Address PO BOX 1500 DUNNELLO, FL 34430
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
RILEY, JOHN 11812 ILLINOIS ST DUNNELLO, FL 34431	

60003157

01152007 Chg-P CR2E034 (12/06)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCROGGIN, JAMES A.	NAME	
STREET ADDRESS	1017 S.W. 93RD STREET	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, DONNA L	NAME	D Riley Dona L.
STREET ADDRESS	12215 N. OAKLEAF TERRACE	STREET ADDRESS	12215 N. Oakleaf Terrace
CITY-ST-ZIP	DUNNELLO, FL	CITY-ST-ZIP	Dunnellon Fl.
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RILEY, JOHN A	NAME	D Riley John A.
STREET ADDRESS	20575 PARK AVE	STREET ADDRESS	11812 ILLINOIS street
CITY-ST-ZIP	DUNNELLO, FL 34431	CITY-ST-ZIP	Dunnellon Fl. 34431
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWNS, DEBORA	NAME	
STREET ADDRESS	20575 PARK AVE	STREET ADDRESS	
CITY-ST-ZIP	DUNNELLO, FL 34431	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESSER, ROBERT	NAME	
STREET ADDRESS	632 RANDOLPH CT	STREET ADDRESS	
CITY-ST-ZIP	BAINBRIDGE, GA 39819	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVENS, LOLA	NAME	VP EVERS, Lela
STREET ADDRESS	20327 THE GRANADA	STREET ADDRESS	20327 The Granada
CITY-ST-ZIP	DUNNELLO, FL 34432	CITY-ST-ZIP	Dunnellon Fl. 34432

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John A. Riley **John A. Riley** 1-16-07 352-489-1086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #