

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90019 019 ****55.00

DOCUMENT # L00000002354

1. Entity Name

HAMMERHEAD CARPENTRY, L.L.C.



Principal Place of Business

**1919 S.W. 48TH LANE
CAPE CORAL FL 33914**

Mailing Address

**3512 SE 1ST AVE.
CAPE CORAL FL 33904**

2. Principal Place of Business

814 S.E 46th Lane

Suite, Apt. #, etc.

Suite #2

City & State

Cape Coral Florida

Zip

33904

Country

USA

3. Mailing Address

814 S.E 46th Lane

Suite, Apt. #, etc.

Suite #2

City & State

Cape Coral Florida

Zip

33904

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

65-0986473

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**HODGE, LEWIS T
3512 SE 1ST AVE.
CAPE CORAL FL 33904**

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

Lewis T Hodge

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-04

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
HODGE, LEWIS T
3512 SE 1ST AVE
CAPE CORAL FL 33904**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

**MGRM
NINKOVICH, BRAD R
1919 S.W. 48TH LANE
CAPE CORAL FL 33914**

☐ Delete

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☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE: Brad Ninkovich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 21, 2004 239-767-8789

Date

Daytime Phone #