

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L00464

FILED
Mar 08, 2004
Secretary of State

Entity Name: HAMMOCK ENTERPRISES, INC.

Current Principal Place of Business:

1108 NEW YORK AVENUE
#11
ST. CLOUD, FL 34769 US

New Principal Place of Business:

3310 BLOSSOM ST
KISSIMMEE, FL 34746 US

Current Mailing Address:

P O BOX 702194 NA
ST CLOUD, FL 34770 US

New Mailing Address:

P O BOX 702194
ST CLOUD, FL 34770 US

FEI Number: 59-2961790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOCK, CHRISTOPHER
3310 BLOSSOM ST
KISSIMMEE, FL 34746 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: D () Delete
Name: HAMMOCK, CHRISTOPHER
Address: 3310 BLOSSOM ST
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: HAMMOCK, MICHELLE
Address: 3310 BLOSSOM ST
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: CHRISTOPHER HAMMOCK

D

03/08/2004

Electronic Signature of Signing Officer or Director

Date