

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90144 011 ****50.00

DOCUMENT # L05000006666

1. Entity Name
HAMMERHEAD CONSTRUCTION AND RENOVATIONS LLC



Principal Place of Business
**150 AZALEA DRIVE
SUITE A
DESTIN, FL 32541 US**

Mailing Address
**PO BOX 5799
DESTIN, FL 32540 US**

60010066



2. Principal Place of Business - No P.O. Box #
505 Main St.

3. Mailing Address
P.O. Box 156

Suite, Apt. #, etc.
Unit Q

Suite, Apt. #, etc.

City & State
Destin, FL

City & State
Destin, FL

Zip
32541

Country
U.S.

Zip
32540

Country
U.S.

01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-2818085

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GAY, JEFFREY S
680 MAYO TRAIL
CRESTVIEW, FL 32536**

7. Name and Address of New Registered Agent

Name

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

City **FL** 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 **Jeffrey S. Gay** DATE **1/24/07**

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES GAY, JEFFREY S 680 MAYO TRAIL CRESTVIEW, FL 32536 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FELL, JAMES E SR 508 HIGHWAY 98 UNIT 302 DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC FELL, JAMES E JR 101 COUNTRY CLUB DRIVE WEST DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES FELL, MICHAEL F 4594 NAUTICAL COURT DESTIN, FL 32541 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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 608, Florida Statutes.

SIGNATURE: **Jeffrey S. Gay** DATE **1/24/07** DAYTIME PHONE # **850-650-2311**