

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L75459

1. Entity Name
THE DUNCAN-HAMMOND COMPANY



Principal Place of Business
**PO BOX 7305
WINTER HAVEN, FL 33883-7305**

Mailing Address
**PO BOX 7305
WINTER HAVEN, FL 33883-7305**



04282006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3008393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DUNCAN, MAX P.
THE DUNCAN-HAMMOND COMPANY
136 PATTERSON DRIVE
AUBURNDALE, FL 33823**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CDE
NAME	DUNCAN, MAX P.
STREET ADDRESS	136 PATTERSON DR.
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	PD
NAME	HAMMOND, JAMES S.
STREET ADDRESS	1035 MEDINAH DR
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	SD
NAME	DUNCAN, SANDRA K.
STREET ADDRESS	136 PATTERSON DR.
CITY - ST - ZIP	AUBURNDALE, FL 33823
TITLE	TD
NAME	HAMMOND, DARLA K.
STREET ADDRESS	1035 MEDINAH DR
CITY - ST - ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James S. Hammond / President 04-27-06 862-967-4284