

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L75459

**FILED
Jan 19, 2009
Secretary of State**

Entity Name: THE DUNCAN-HAMMOND COMPANY

Current Principal Place of Business:

136 PATTERSON DRIVE
AUBURNDALE, FL 33823

New Principal Place of Business:

Current Mailing Address:

PO BOX 7305
WINTER HAVEN, FL 338837305

New Mailing Address:

FEI Number: 59-3008393 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUNCAN, MAX P.
THE DUNCAN-HAMMOND COMPANY
136 PATTERSON DRIVE
AUBURNDALE, FL 33823 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: CDE () Delete
Name: DUNCAN, MAX P.,
Address: 136 PATTERSON DR.
City-St-Zip: AUBURNDALE, FL 33823

Title: PD () Delete
Name: HAMMOND, JAMES S.,
Address: 1035 MEDINAH DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: DUNCAN, SANDRA K.,
Address: 136 PATTERSON DR.
City-St-Zip: AUBURNDALE, FL 33823

Title: TD () Delete
Name: HAMMOND, DARLA K.,
Address: 1035 MEDINAH DR
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: JAMES S. HAMMOND

PD

01/19/2009

Electronic Signature of Signing Officer or Director

_____ Date