

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # P00000030310

1. Entity Name
TEAMHAMMER, INC.



Principal Place of Business

2328 E. MAIN STREET
LAKELAND, FL 33801

Mailing Address

2828 E MAIN ST
LAKELAND, FL 33801



02032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3637583

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMMERBERG, EDWARD JR
1023 EUCLID AVE.
LAKELAND, FL 33801

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000639377
02/28/07-80023-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMMERBERG, EDWARD JR
STREET ADDRESS	1023 EUCLID AVE.
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	VP
NAME	HAMMERBERG, EDWARD III
STREET ADDRESS	1023 EUCLID AVE.
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	ST
NAME	WILSON, MICHAEL
STREET ADDRESS	916 WOODARD ST
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Edward J. Hammer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-07

Date

863-666-1108

Daytime Phone #