2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000057182

FILED Apr 22, 2005 Secretary of State

Entity Name: HAMMOCK HOUSE, INC. **Current Principal Place of Business: New Principal Place of Business:** 5047 N. OCEAN SHORE BLVD. PALM COAST, FL 32137 **Current Mailing Address: New Mailing Address:** 5047 N. OCEAN SHORE BLVD. PALM COAST, FL 32137 FEI Number: 59-3651516 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JAMES, RHONDA J JAMES, RHONDA J 5047 N. OCEAN SHORE BLVD. 5047 N. OCEAN SHORE BLVD. PALM COAST, FL 32137 PALM COAST, FL 32137 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: 04/22/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition JAMES, RHONDA J Name: Name: 5047 N. OCEAN SHORE BLVD. Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip: Title: VD Title: () Change () Addition () Delete JAMES, JOHN Name: Name: 5047 N. OCEAN SHORE BLVD. Address: Address: PALM COAST, FL 32137 City-St-Zip: 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: RHONDA JAMES P 04/22/2005