

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000057182

Entity Name: HAMMOCK HOUSE, INC.

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

5047 N. OCEAN SHORE BLVD.  
PALM COAST, FL 32137

## **New Principal Place of Business:**

5047 N. OCEAN SHORE BLVD.  
PALM COAST, FL 32137 UN

## **Current Mailing Address:**

426 PORPOISE POINT DRIVE  
ST AUGUSTINE, FL 32084

## **New Mailing Address:**

FEI Number: 59-3651516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

JAMES, RHONDA J  
426 PORPOISE POINT DRIVE  
ST AUGUSTINE, FL 32084 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

## **OFFICERS AND DIRECTORS:**

Title: VD  
Name: JAMES, RHONDA J  
Address: 426 PORPOISE POINT DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: PD  
Name: JAMES, JOHN  
Address: 4490 US HIGHWAY 1 NORTH, STE 107  
City-St-Zip: BUNNELL, FL 32110

I hereby 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 all other like empowered.

SIGNATURE: JOHN JAMES

PD

04/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date