2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 000000077214

1. Entity Name

RITA HAMMONDS, CPA, P.A.



Principal Place of Business Mailing Address

1755 W BROADWAY

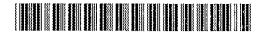
STE 5 OVIEDO, FL 32765

SIGNATURE:

P.O. BOX 623035

OVIEDO, FL 32762

FILED Mar 29, 2004 08:00 AM Secretary of State



						81132004
DO	NOT	WRITE	IN	THIS	SPACE	4. FEI Numi

	. ,
4. FE! Number	 Applied For
59-3664553	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

\$8.75 Additional Fee Required

Daytime Phone #

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

F&L CORP. THE GREENLEAF BUILDING 200 LAURA STREET, THIRD FLOOR JACKSONVILLE, FL 32201-0240

DO NOT WRITE IN THIS SPACE

No Chg-P

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 little if applicable (NOTE Registered Agent signature required when reinstating) DATE									
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIREC	CTORS		·-·········	<u></u>				
TITLE NAME STREET ADDRESS CITY-ST-ZVP	O HAMMONDS, RITA G 2045 GENOVA DR OVIEDO, FL 32765				U00000097632 03/29/04-80008-009 150.00				
TITLE NAME STREET ADDRESS CITY - ST - Z/P					307 E37 0 7 80000 500 130.00				
NAME STREET ADDRESS CITY-ST ZIP			DO NOT WRITE						
TIPLE NAME STREET ADDRESS CITY-SI-ZIP				IN .	THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•							
ISTLE NAME STREET ADDRESS CRYY-ST-ZIP									
12. Thereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath, 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.									