


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000081597 1. Entity Name HAMMER CONCRETE, INC.	
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Principal Place of Business 938 FLOTILLA CLUB DR. INDIAN HARBOUR BEACH, FL 32937	Mailing Address 938 FLOTILLA CLUB DR. INDIAN HARBOUR BEACH, FL 32937
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DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3667409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KALLI L. LITCHFIELD 938 FLOTILLA CLUB DR. INDIAN HARBOUR BEACH, FL 32937
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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 <u>Kalli Litchfield</u> <small>Signature, typed or printed name of registered agent and title applicable.</small>	<u>Kalli Litchfield President 1-3-05</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LITCHFIELD, KALLI L 938 FLOTILLA CLUB DR. INDIAN HARBOUR BEACH, FL 32937
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LITCHFIELD, WILLIAM M 938 FLOTILLA CLUB DR. INDIAN HARBOUR BEACH, FL 32937
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000174844 01/10/05-80025-013 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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12. I hereby 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 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: <u>Kalli Litchfield</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>Kalli Litchfield 1-3-05 (321) 773-9597</u> <small>Date Daytime Phone #</small>