


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000028315
 1. Entity Name
HAMMOCK PROPERTIES, INC.



Principal Place of Business _____ Mailing Address _____
10672 QUAIL RIDGE DR. SAINT AUGUSTINE, FL 32095 **10672 QUAIL RIDGE DR. SAINT AUGUSTINE, FL 32095**

DO NOT WRITE IN THIS SPACE



03232005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-3737254** Applied For / Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

5. Name and Address of Current Registered Agent
SMITH HULSEY & BUSEY
225 WATER STREET SUITE 1800
JACKSONVILLE, FL 32202

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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 _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD FORISTER, WAYNE 10672 QUAIL RIDGE DR. SAINT AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD FORISTER, TRIGG 10623 LEGENDS LANE AUSTIN, TX 78747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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:  **Wayne Forister** **3/31/05** **(904)825-9921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #