

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90023 010 ***150.00

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1. Entity Name

CUSTOM CREATIONS/DAVID HAMMACK, INC.



Principal Place of Business

134 LAKE SEARS DR.
WINTER HAVEN FL 33880

Mailing Address

134 LAKE SEARS DR.
WINTER HAVEN FL 33880

2. Principal Place of Business

134 LK. SEARS DR.

Suite, Apt. #, etc.

3. Mailing Address

134 LAKE SEARS DR.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL.

Zip
33880

County

POLK

City & State

WINTER HAVEN, FL.

Zip
33880

County

POLK

4. FEI Number

59-3747917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMMACK, JOAN C
134 LAKE SEARS DR.
WINTER HAVEN FL 33880

7. Name and Address of New Registered Agent

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PRES.** ☐ Delete
NAME HAMMACK, DAVID C
STREET ADDRESS 134 LK. SEARS DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE **SEC.** ☐ Delete
NAME HAMMACK, JOAN C
STREET ADDRESS 134 LK. SEARS DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33880

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

Joan Carol Hammack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2004
Date

863 298 0399
Daytime Phone #