2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

04 FEB 18 PM 4:08 DOCUMENT # P01000074348 1. Entity Name ESF HAMMOCK CREEK, INC. Mailing Address Principal Place of Business 2101 S. CONGRESS AVE DELRAY BEACH FL 33445 2101 S. CONGRESS AVE **DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. MOORE CR2E034 (11/03) Swite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1155081 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ELMORE, GEORGE T 2101 SO. CONGRESS AVE Street Address (P.O. Box Number is Not Acceptable) **DELRAY BEACH FL 33445** Zip Code City 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 DATE (NOTE: Registered Agen) signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE \$ \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE PD ☐ Defete TITLE NAME ELMORE, GEORGE T NAME STREET ADDRESS 2101 SO CONGRESS AVE STREET ADDRESS DELRAY BEACH FL 33445 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change STD TITLE GORDON, DOUGLAS G NAME NAME STREET ADDRESS STREET ADDRESS 2101 SO CONGRESS AVE 800029298778 CITY-ST-ZIP DELRAY BEACH FL 33445 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITI F NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE:

GEORGE T. ELMORE

1-Z3-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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