2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P01000074348 Jan 26, 2007 08:00 A 1. Entity Name **Secretary of State** ESF HAMMOCK CREEK, INC. Principal Place of Business Mailing Address 2101 S. CONGRESS AVE 2101 S. CONGRESS AVE **DELRAY BEACH FL 33445** DELRAY BEACH FL 33445 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1155081 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ELMORE, GEORGE T Street Address (P.O. Box Number is Not Acceptable) 2101 SO. CONGRESS AVE DELRAY BEACH FL 33445 Zip Code 8. The above named ontity 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. U00000604554 SIGNATURE . whether is the Arman of registered agent and lide if applicable (NOTE registered Agent signature required when remaining FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIIIE Delete ||||| ☐ Change Addition ELMORE, GEORGE T NAME NAM 2101 SO CONGRESS AVE STREET ADDRESS SHIFT ADDRESS **DELRAY BEACH FL 33445** CHY ST 789 CHY SI 719 MILE ☐ Delete 11111 ☐ Change Addition GORDON, DOUGLAS G MASE NAM 2101 SO CONGRESS AVE STREET ADDRESS SIREFT ADDRESS DELRAY BEACH FL 33445 UITY-S1-7#P CITY ST-ZIP HILE Delete ☐ Change Addition NAM NAME STILL LADDRESS SIRLLI ADDRESS CUTY ST ZIP City St ZIP HIEF ☐ Defete TIRE Change Addition NAME NAME STREET ARDRESS SIRLE LADDRESS CHY SEZIP CHY SI ZIP ☐ Defete [88] 11111 ☐ Change Addition NAME MALE STREET ADDRESS SHOULD ADORESS CHY SI ZIP CUY SI ZIP HILF IIILE Delete Addition Change Change MAME MAMI STREET ADDRESS SIRIET ADDRESS CITY ST ZIP CITY ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 contrusted 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-07

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