



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90694 043 \*\*\*150.00

<b>DOCUMENT # P02000075821</b> 1. Entity Name <b>ERIC HAMMONDS REALTY, INC.</b>					
Principal Place of Business <b>2787 E. OAKLAND PARK BLVD. #309</b> <b>FORT LAUDERDALE, FL 33306</b>				Mailing Address <b>2787 E. OAKLAND PARK BLVD. #309</b> <b>FORT LAUDERDALE, FL 33306</b>	
2. Principal Place of Business <b>2787 E. OAKLAND PARK BLVD.</b> Suite, Apt. #, etc. <b>Suite #303</b>		3. Mailing Address <b>2787 E. OAKLAND PARK BLVD.</b> Suite, Apt. #, etc. <b>Suite #303</b>			
City & State <b>FT. LAUDERDALE</b>		City & State <b>FT. LAUDERDALE</b>		4. FEI Number <b>47-0879980</b>	
Zip <b>33306</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HAMMONDS, ERIC</b> <b>2787 E. OAKLAND PARK BLVD. #311</b> <b>FORT LAUDERDALE, FL 33306</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>HAMMONDS, ERIC O</b> <b>2787 E OAKLAND PARK BLVD #303</b> <b>FORT LAUDERDALE, FL 33306</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Eric Hammond</u> <b>Eric Hammond</b> <u>04/30/04</u> <b>(954) 568-0300</b> Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					