2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000078453

1. Entity Name
BLUE HAMMOCK CORPORATION

FILED
04 JUN -8 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2535 SHADY REST RD. HAVANA, FL 32333	2535 SHADY REST RD. HAVANA, FL 32333

06042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2051610
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SUBER, JAMES R
2535 SHADY REST RD.
HAVANA, FL 32333

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADAMS, HOWARD E
STREET ADDRESS	460 MEADOW RIDGE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 323121576
TITLE	D
NAME	BOSTICK, ALLAN M JR.
STREET ADDRESS	106 OAKLAND DR.
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	D
NAME	SUBER, JAMES R
STREET ADDRESS	2535 SHADY REST RD.
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

300037772473
06/08/04--01035--014 **150.00

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6/18/04
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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)(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: James R. Suber 6/4/04 850 875 1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

6/04/04

Division of Corporation
State of Florida

To whom it may concern:

I am filing this report late but I did not receive notification.

Sincerely,

James R. Suber