## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: MARK HAW NO AND SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 15, 2005 08:00 AM Secretary of State

DOCUMENT # P02000088101  1. Entity Name HAMMOND C., INCORPORATED				Secretary of State
1540 1/2 S.	e of Business MYRTLE R, FL 33756	Mailing Address 1540 1/2 S. MYRTLE CLEARWATER, FL 33756	 . !	
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DO NOT WRITE IN THIS SPACE				04062005 No Chg-P
	6. Name and Address of Current Re	gistered Agent	<del> </del>	1 ce required
HAMMOND, MARK A 1540 S. MYRTLE CLEARWATER, FL 33756				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				
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				5.00 May Be ided to Fees
10.	OFFICERS AND DI	RECTORS		The second secon
NAME STREET ADDRESS CITY-ST-ZIP	HAMMOND, MARK A 1540 S. MYRTLE CLEARWATER, FL 33756	•••		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			·- · · · · · · · · · · · · · · · · · ·	UMD0000307226 04/15/05-80047-U06 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		* * * * * * * * * * * * * * * * * * *		
12. I hereby of indicated of the cor changed,	certify that the information supplied with this on this report or supplemental report is tro poration or the receiver or trustee empower or on an attachment with an address, with	s filing does not qualify for the exe se and accurate and that my signate ared to execute this report as requi- all other like empowered.	mption stated in Selure shall have the s red by Chapter 607	section 119.07(3)(i), Florida Statutes. I further certify that the information a same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes, and that my name appears in Block 10 or Block 11 if