

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000095834

FILED
Mar 24, 2009
Secretary of State

Entity Name: OAK HAMMOCK ENTERPRISES, INC.

Current Principal Place of Business:

509 RIDGEWOOD STREET
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

1210 STANLEY STREET
LONGWOOD, FL 32750

Current Mailing Address:

509 RIDGEWOOD STREET
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

1210 STANLEY STREET
LONGWOOD, FL 32750

FEI Number: 30-0114616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, EVE V
509 RIDGEWOOD STREET
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

REYNOLDS, EVE V
1210 STANLEY STREET
LONGWOOD, FL 32750 US

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.

SIGNATURE: EVE REYNOLDS

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REYNOLDS, EVE
Address: 509 RIDGEWOOD STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: REYNOLDS, ROBERT
Address: 509 RIDGEWOOD STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REYNOLDS, EVE
Address: 1210 STANLEY STREET
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Change () Addition
Name: REYNOLDS, ROBERT
Address: 1210 STANLEY STREET
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT REYNOLDS

D

03/24/2009

Electronic Signature of Signing Officer or Director

Date