

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121319

FILED  
Feb 16, 2005  
Secretary of State

Entity Name: HAMMERLAND, INC.

## Current Principal Place of Business:

18544 NORTH DALE MABRY HWY.  
LUTZ, FL 33548 US

## New Principal Place of Business:

18544 DALE MABRY HWY N  
LUTZ, FL 33548 US

## Current Mailing Address:

18544 NORTH DALE MABRY HWY.  
LUTZ, FL 33548 US

## New Mailing Address:

18544 DALE MABRY HWY N  
LUTZ, FL 33548 US

FEI Number: 57-1159834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RANKIN, DAVID P  
14502 N. DALE MABRY HWY.  
SUITE 300  
TAMPA, FL FL US

## Name and Address of New Registered Agent:

RANKIN, DAVID P  
18540 DALE MABRY HWY N  
LUTZ, FL 33548 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:

02/16/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HAMMERMAN, HOWARD  
Address: 18544 N. DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33548 US

Title: VD ( ) Delete  
Name: STRICKLAND, MICHAEL  
Address: 18544 N. DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33548 US

Title: TSD ( ) Delete  
Name: RANKIN, DAVID P  
Address: 18540 N. DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33548 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAMMERMAN, HOWARD A  
Address: 18544 DALE MABRY HWY N  
City-St-Zip: TAMPA, FL 33548 US

Title: VD (X) Change ( ) Addition  
Name: STRICKLAND, JAMES M  
Address: 18544 DALE MABRY HWY N  
City-St-Zip: TAMPA, FL 33548 US

Title: TSD (X) Change ( ) Addition  
Name: RANKIN, DAVID P  
Address: 18540 DALE MABRY HWY N  
City-St-Zip: TAMPA, FL 33548 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES M STRICKLAND

VD

02/16/2005

Electronic Signature of Signing Officer or Director

Date