

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000121319
 1. Entity Name
HAMMERLAND, INC.



Principal Place of Business
18544 DALE MABRY HWY N
LUTZ, FL 33548 US

Mailing Address
18544 DALE MABRY HWY N
LUTZ, FL 33548 US



03232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1159834	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RANKIN, DAVID P
18540 DALE MABRY HWY N
LUTZ, FL 33548

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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 file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

00000490847
 04/18/06-80073-014 159.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMERMAN, HOWARD A 18544 DALE MABRY HWY N TAMPA, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STRICKLAND, JAMES M 18544 DALE MABRY HWY N TAMPA, FL 33548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD RANKIN, DAVID P 18540 DALE MABRY HWY N TAMPA, FL 33548
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 M. Strickland JAMES M. STRICKLAND 3/23/06 813 265-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #