


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000121319	
1. Entity Name HAMMERLAND INC	

**FILED
Jul 07, 2008 08:00 AM
Secretary of State**

Principal Place of Business 18544 DALE MABRY HWY N LUTZ, FL 33548 US	Mailing Address 18544 DALE MABRY HWY N LUTZ, FL 33548 US
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07012008 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

8. Name and Address of Current Registered Agent

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

**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 \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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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07/07/08-80001-013 158.75

**DO NOT WRITE
IN THIS SPACE**

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: *JM Strickland* **JAMES M. STRICKLAND** 7/1/08 813 265-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #