


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90019 045 ***150.00

DOCUMENT # P03000014199	
1. Entity Name HAMMOCK MARKETING, INC.	

Principal Place of Business 668 KEMPTEN ST., NW PALM BAY, FL 32907	Mailing Address 668 KEMPTEN ST., NW PALM BAY, FL 32907
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54032806

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01062004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SCOTT C. DIXON, P.A. 1800 W. HIBISCUS BLVD., SUITE 124 MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name William David Hammock Street Address (P.O. Box Number is Not Acceptable) 668 Kempton St. NW City Palm Bay FL 32907	
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.		4. FEI Number 59-3767179 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE Will D. Hammock Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)		DATE 3/26/04	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 an other like empowered.	
SIGNATURE: Will D. Hammock SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 3/26/04 321-984-1743 DATE DAYTIME PHONE #