

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073676

FILED
Jul 19, 2004
Secretary of State

Entity Name: HAMMOND COUNTRY STORE, INC.

Current Principal Place of Business:

6987 HIGHWAY 71
PORT ST. JOE, FL 32456

New Principal Place of Business:

6987 HIGHWAY 71
PO BOX 5004
WHITE CITY, FL 32465

Current Mailing Address:

6987 HIGHWAY 71
PORT ST. JOE, FL 32456

New Mailing Address:

6987 HIGHWAY 71
PO BOX 5004
WHITE CITY, FL 32465

FEI Number: 73-1672026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMMOND, MICHAEL L
6987 HIGHWAY 71
PORT ST. JOE, FL 32456

Name and Address of New Registered Agent:

HAMMOND, MICHAEL L
6987 HIGHWAY 71
PO BOX 5004
WHITE CITY, FL 32465

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: MICHAEL L. HAMMOND

07/19/2004

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: HAMMOND, MICHAEL L PRES
Address: PO . BOX 5004
City-St-Zip: WHITE CITY, FL 32465

Title: TRES () Change (X) Addition
Name: HAMMOND, ELWANDA L TRES
Address: PO BOX 5004
City-St-Zip: WHITE CITY, FL 32465

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: MICHAEL L. HAMMOND

PRES

07/19/2004

Electronic Signature of Signing Officer or Director

Date