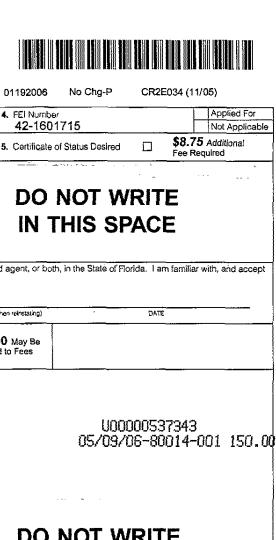
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000094267 KENNETH W HAMMON INC. Mailing Address Principal Place of Business 5675 24TH AVENUE NORTH 5675 24TH AVE NORTH SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33710

## **FILED** Apr 27, 2006 08:00 AN Secretary of State



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMMON, KENNETH W

5675 24TH AVENUE N

ST PETERSBURG, FL 33710 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. Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HAMMON, KENNETH W NAME 5675 24TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33710 TIFLE NAME HAMMON, MARIA STREET ADDRESS 5675 24TH AVE NORTH SAINT PETERSBURG, FL 33710 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 in address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR