

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000111671

1. Entity Name  
HAMMER R US, INC.



Principal Place of Business  
415 CROWNDALE CT  
CANTONMENT, FL 32533

Mailing Address  
415 CROWNDALE CT  
CANTONMENT, FL 32533



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0324043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

RITZ, TONY G  
415 CROWNDALE CT  
PENSACOLA, FL 32533

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	RITZ, TONY G
STREET ADDRESS	415 CROWNDALE CT
CITY-ST-ZIP	PENSACOLA, FL 32533
TITLE	DV
NAME	MAHAN, JIMMY R
STREET ADDRESS	415 CROWNDALE CT
CITY-ST-ZIP	PENSACOLA, FL 32533
TITLE	DS
NAME	STAPLES, CLYDE E
STREET ADDRESS	415 CROWNDALE CT
CITY-ST-ZIP	PENSACOLA, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/15/05-80048-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

*Tony Ritz*  
Tony Ritz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #