

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112735

Entity Name: HAMMOND HOME SOLUTIONS, INC.

FILED  
Apr 04, 2005  
Secretary of State

## Current Principal Place of Business:

1001 LEEWARD ROAD  
VENICE, FL 34293

## New Principal Place of Business:

## Current Mailing Address:

1001 LEEWARD ROAD  
VENICE, FL 34293

## New Mailing Address:

FEI Number: 20-0300140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HAMMOND, PAUL  
1001 LEEWARD ROAD  
VENICE, FL 34293 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete  
Name: HAMMOND, PAUL  
Address: 1001 LEEWARD ROAD  
City-St-Zip: VENICE, FL 34293

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: HAMMOND, MICHAEL  
Address: 1358 JAMAICA RD  
City-St-Zip: VENICE, FL 34293 US

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: PAUL HAMMOND

P

04/04/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date