


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90101 026 ***150.00

DOCUMENT # P03000133309	
1. Entity Name MATTHEW HAMMOND CONSTRUCTION, INC.	

Principal Place of Business 1426 HARMON ROAD W PORT ORANGE, FL 32129 5946 BROKEN BOW LANE	Mailing Address 1426 HARMON ROAD W PORT ORANGE, FL 32129 5946 BROKEN BOW LANE
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2. Principal Place of Business 5946 BROKEN BOW LANE	3. Mailing Address 5946 BROKEN BOW LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ORANGE, FL	City & State PORT ORANGE, FL
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Zip 32127	Country VOLUSIA	Zip 32127	Country VOLUSIA
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4. FEI Number 20-0506686	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAMMOND, MATTHEW S 1426 HARMON ROAD W PORT ORANGE, FL 32129	7. Name and Address of New Registered Agent Name ROBERT G. TROUP Street Address (P.O. Box Number is Not Acceptable) 4343-A RIDGEWOOD AVENUE City PORT ORANGE FL Zip Code 32127
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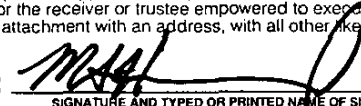
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent.

SIGNATURE  **Robert G. Troup** 03/06/2005
Signature and 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. <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	D HAMMOND, MATTHEW S 1426 HARMON ROAD W PORT ORANGE, FL 32129 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5946 BROKEN BOW LANE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:  **Matthew S. Hammond, PD** 03/06/2005 (386) 767-7884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #