


2004 FOR PROFIT CORPORATION ANNUAL REPORT

182

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 25 AM 8:00

DOCUMENT # P03000140770 1. Entity Name HAMMERHEAD IRON WORKS, INC.					
Principal Place of Business 5604 RECKER HWY. WINTER HAVEN, FL 33880			Mailing Address 5604 RECKER HWY. WINTER HAVEN, FL 33880		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0438620	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE ALLEN LAW FIRM, P.A. 170 N. FLORIDA AVE. BARTOW, FL, FL 33830			Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <u><i>Mike Ratcliffe</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATCLIFFE, MICHAEL G 5604 RECKER HWY. WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 500041857375 10/13/04--01053--013 **550.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RATCLIFFE, CHRISTOPHER S 5604 RECKER HWY. WINTER HAVEN, FL 33880 <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	SEC. RATCLIFFE, MICHAEL A 5604 RECKER HWY. WINTER HAVEN, FL 33880 <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	
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: <u><i>Mike Ratcliffe</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR</small>					
				<small>Date</small> <small>Daytime Phone #</small>	



MRB

2022

Att: Dean Jones or Whom It May Concern

Thank You Again For Our Extension on
Our Annual Report, We Were Affected By
The Storms 3rd For We Were Without Power
For 7 days.

P.S. Just a Short Note of Thanks + Appreciation

Thanks Again
M. Hatelye