


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000140770 1. Entity Name HAMMERHEAD IRON WORKS, INC.	
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Principal Place of Business 5604 RECKER HWY. WINTER HAVEN, FL 33880	Mailing Address 5604 RECKER HWY. WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0438620	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

THE ALLEN LAW FIRM, P.A.
2800 WINTER LAKE ROAD
LAKELAND, FL 33813

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000923217 05/16/08-80021-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RATCLIFFE, MICHAEL G 5604 RECKER HWY. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RATCLIFFE, CHRISTOPHER S 5604 RECKER HWY. WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RATCLIFFE, MICHAEL A 5604 RECKER HWY. WINTER HAVEN, FL 33880
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information furnished in 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 supplied by the filer 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 assignee thereof, or a person 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 this report, with all other like empowered.

SIGNATURE: *x* *Mike Ratcliffe* *x* 4-22-08 *x* 863-9659111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #