

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000031263

FILED
Apr 22, 2005
Secretary of State

Entity Name: HAMMERSMITH STORAGE, INC.

Current Principal Place of Business:

4646 PARKMORE PLAZA DR
MILTON, FL 32583

New Principal Place of Business:

4240 BERRYHILL RD
PACE, FL 32571

Current Mailing Address:

4646 PARKMORE PLAZA DR
MILTON, FL 32583

New Mailing Address:

FEI Number: 20-0735346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASSIDA, LOUIS O II
4646 PARKMORE PLAZA DR
MILTON, FL 32583 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 () Delete
Name: NETTLES, EDWARD E
Address: 4646 PARKMORE PLAZA DR
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: KIRCHHARR, MARK A
Address: 5156 BROOKSIDE DR
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: CASSIDA, LOUIS O II
Address: 4646 PARKMORE PLAZA DR
City-St-Zip: MILTON, FL 32583

Title: D () Delete
Name: WOOD, JOHN R
Address: 4950 WINDING WAY
City-St-Zip: MILTON, FL 32570

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: LOUIS O. CASSIDA II

D

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date