

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000031263

1. Entity Name
HAMMERSMITH STORAGE, INC.



Principal Place of Business
**4240 BERRYHILL RD
PACE, FL 32571**

Mailing Address
**4646 PARKMORE PLAZA DR
MILTON, FL 32583**



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0735346	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CASSIDA, LOUIS O II
4646 PARKMORE PLAZA DR
MILTON, FL 32583**

**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

Signature, typed or 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NETTLES, EDWARD E
STREET ADDRESS	4646 PARKMORE PLAZA DR
CITY-ST-ZIP	MILTON, FL 32583

TITLE	D
NAME	KIRCHHARR, MARK A
STREET ADDRESS	5156 BROOKSIDE DR
CITY-ST-ZIP	PACE, FL 32571

TITLE	D
NAME	CASSIDA, LOUIS O II
STREET ADDRESS	4646 PARKMORE PLAZA DR
CITY-ST-ZIP	MILTON, FL 32583

TITLE	D
NAME	WOOD, JOHN R
STREET ADDRESS	4950 WINDING WAY
CITY-ST-ZIP	MILTON, FL 32570

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/18/07-80004-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #