## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000049141

Entity Name: HAMMER'S HAWGS CUSTOM MOTORCYCLES, INC.

FILED Feb 22, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
7002 S.R. 54 NEW PORT RICHEY, FL 34653 US					
Current Mailing Address:			New Mailing Address:		
7002 S.R. 54 NEW PORT RICHEY, FL 34653 US					
FEI Number: 20-1454492 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)					
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
NOLAN, MICHAEL 7002 S.R. 54 NEW PORT RICHEY, FL 34653 US			NOLAN, MICHAEL 9301 LEDGESTONE LANE PORT RICHEY, FL 34668 US		
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: MICHAEL NOLAN			02/22/2005		
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () Delete NOLAN, MICHAEL 7002 S.R. 54 NEW PORT RICHEY, FL 34653 US	3	Title: Name: Address: City-St-Zip:	PRES (X) CH NOLAN, MICHAEL 9301 LEDGESTON PORT RICHEY, FL	
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	CEO () CH NOLAN, TERI L 9301 LEDGESTON PORT RICHEY, FL	
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	TREA () CH NOLAN, MARTIN J 9620 APPLE MILL ELK GROVE DRIV	DRIVE
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	VP () CH HAUSER, ERIC 1809 DIANE DRIVI CLEARWATER, FL	
Title: Name: Address: City-St-Zip:	( ) Delete		Title: Name: Address: City-St-Zip:	O () Ch CINQUEMANI, DAN 3611 DELLEFIELD NEW PORT RICHE	STREET

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: TERI L. NOLAN CEO 02/22/2005