

DOCUMENT # P04000053971

1. Entity Name

HAMMOND INSULATION, INC.



**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**



Principal Place of Business

31400 SW 192ND AVENUE  
HOMESTEAD FL 33030

Mailing Address

31400 SW 192ND AVENUE  
HOMESTEAD FL 33030

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 20-0927436

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

## 6. Name and Address of Current Registered Agent

HAMMOND, MARK  
 31400 SW 192ND AVENUE  
 HOMESTEAD FL 33030

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE: P ☐ Delete  
 NAME: HAMMOND, MARK  
 STREET ADDRESS: 31400 SW 192ND AVENUE  
 CITY-STATE-ZIP: HOMESTEAD FL 33030

TITLE: S ☐ Delete  
 NAME: KASANDRA, HAMMOND  
 STREET ADDRESS: 31400 SW 192ND AVENUE  
 CITY-STATE-ZIP: HOMESTEAD FL 33030

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
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TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

TITLE: ☐ Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:  
 U000000623747  
 02/14/07-80002-009 150.00

TITLE: ☐ Change ☐ Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

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 NAME:  
 STREET ADDRESS:  
 CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

1/31/07

Date

305-247-6323

Daytime Phone