2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

ANNUAL REPURT					Secretary of State			
DOCUMENT # P04000062613 1. Entity Name WALTER W. HAMMER, INC.						05 90971 025 ***1		
Principal Place of Business 3320 13TH AVE SW NAPLES, FL 34117		Mailing Address 3320 13TH AVE SW NAPLES, FL 34117		- **** ・ 44 マ ・ 534				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262005	Chg-P	CR2E034 (10/03)	_	
City & State		City & State		4. FEI Number		<u> </u>	plied For at Applicable	
Zip	Country		Country	<u> </u>	Status Desired	S8.75 Add Fee Require		
6. Name and Address of Current Registered Agent			Name	7. Name and A	ddress of New	Registered Agent		
1840 SW 2 4TH FLOC	R			TER W s (P.O. Box Number	is Not Acceptab			
MIAMI, FL 33145			City M A	Q 15g		FL 3p Cod	9,	
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 registered agent and NCE if applicable. INOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMMER, WALTER W 3320 13TH AVE SW NAPLES, FL 34117	☐ Delete	TITLE MAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAMMER, TERRIE L 3320 13TH AVE SW NAPLES, FL 34117	□ Delete	TITLE HAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Defete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partial that the information complied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 #