

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078209

FILED  
Jan 25, 2005  
Secretary of State

**Entity Name:** HAMMOCKS AT EDGEWOOD DEVELOPERS, INC.

**Current Principal Place of Business:**

2807 SW 15 AVENUE  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

2807 SW 15 AVENUE  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

**FEI Number:** 57-1205618

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILKES, JOHN P ESQ  
901 SOUTH FEDERAL HIGHWAY, SUITE 101A  
FORT LAUDERDALE, FL 33316 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: CASALE, DOMINICK  
Address: 2405 FRYER POINT  
City-St-Zip: FORT LAUDERDALE, FL 33305

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CASALE, DOMINICK  
Address: 2807 SW 15TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33315

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:** DOMINICK CASALE

D

01/25/2005

Electronic Signature of Signing Officer or Director

Date