2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000101693

1. Entity Name
HAMMOND ACCOUNTING & TAX SERVICES, INC.

Principal Place of Business	Mailing Address
2094 HANBY STREET	2094 HANBY STREET
PORT CHARLOTTE, FL 33952 US	PORT CHARLOTTE, FL 33952 US

DO NOT WRITE IN THIS SPACE

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
06-1728286	Not Applicable

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

6. Name and Address of Current Registered Agent

HAMMOND, JOYCE E
2094 HANBY STREET
PORT CHARLOTTE, FL 33952

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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	U00000608004 01/31/07-80059-013 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PRES
NAME	HAMMOND, JOYCE E
STREET ADDRESS	2094 HANBY STREET
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: *Joyce E Hammond* JOYCE E HAMMOND 1/24/07 941-624-4202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #