

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000151416	
1. Entity Name HAMMOCK CUSTOM HOMES, INC.	

Principal Place of Business P.O. BOX 244 DUNNELLON, FL 34430 US	Mailing Address P.O. BOX 244 DUNNELLON, FL 34430 US
---	---



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1884258	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAMMOCK, WILLIAM J 11963 N. ELLSWORTH TERRACE DUNNELLON, FL 34433
--

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

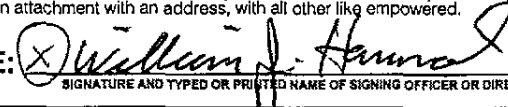
9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMMOCK, WILLIAM J P.O. BOX 244 DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMMOCK, BRIAN J P.O. BOX 244 DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMMOCK, WILLIAM J P.O. BOX 244 DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAMMOCK, WILLIAM J P.O. BOX 244 DUNNELLON, FL 34430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000425911
02/20/06-80022-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  Pres. 2-6-06 352-266-7389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #