

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000167028

1. Entity Name
HAMMERHEAD BUILDING SERVICES, INC.



Principal Place of Business
**540 SW 10TH AVENUE
FORT LAUDERDALE FL 33312**

Mailing Address
**540 SW 10TH AVENUE
FORT LAUDERDALE FL 33312**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
AP-PLIED FOR

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SADOWSKI, ROBERT
540 SW 10TH AVENUE
FORT LAUDERDALE FL 33312**

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 _____ (NOTE: Registered Agent signature required when relocating)
DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SADOWSKI, ROBERT 540 SW 10TH AVENUE FORT LAUDERDALE FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000550983 05/13/06-80082-011 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS STEINHAGER, ARLETTE 540 SW 10 AVE FORT LAUDERDALE FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SADOWSKI, ROBERT 540 SW 10 AVE FORT LAUDERDALE FL 33312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Robert Sadowski 4/26/05 954-524-3421

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