## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000071656  1. Entity Name HAMMOND TRANSPORT, INC.						DIVISION	FILED FARY OF STATE OF CC::PORATION  II AM 9: 27	S
Principal Place of Business 8151 IBIS COVE CIR NAPLES, FL 34119		Mailing Address 8151 IBIS COVE CIR NAPLES, FL 34119						
2. Principal Place of Business  G340 Shirley Street  Suite, Apt. #, etc.  # 103		3. Mailing Address 6240 Shirley Street Suite, Apt. #, etc. # 103		-t	06282006	Chg-P	CR2E034 (11/05)	
# 103 City & State		City & State Naples FL			4. FEI Number		<del></del>	plied For
Naples, FL Zip Country 34109 USA		Zip Country			20-28492 -5. Certificate of		□ \$8.75 Add	t Applicable litional
34109	6. Name and Address of Current F				7. Name and Address of New Registered Agent			
HAMMOND, MICHAEL E 7965 PRESERVE CIRCLE #727 NAPLES, FL 34119				Name Greaps A. Champeau  Street Address (P.O. Dox Number is Not Acceptable)				
4			City	426 Toney Pines Pt.				
The above named entity submits this statement for the purpose of changing its registered				Naples re 34112				
the obligations of registered agent.								
SIGNATURE Greacy A. Changeau  Signature, tipe) or printed name of registered agent and little it applicable. (NOTE: Rejectors) Agent signature required when regislating)  DATE								
Amended AR is \$61.25  9. Election Campaign Financing \$5.  Trust Fund Contribution.					00 May Be 1/19	00077 /060106	'738310 60008 **61	.25
10.	OFFICERS AND 0		11.	0	ADDITIONS/CI	HANGES TO OF	FICERS AND DIRECTORS	
NAME STREET ADDRESS CITY-ST-ZIP	HAMMOND, MICHAEL E 8151 IBIS COVE CIR NAPLES, FL 34119	© delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hich	nele Balf Shirley bles, FL	54 reet # 1	<b>∏</b> ∕Change .o3	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Rafo 6240	Presidence Cruz	4.4 103 ~1	☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	Treo Mich 624	ples, FL surer hele Balfo o Shirley	54. #103	Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	Sec.	ples, FL' etacy sel Croz shirley s	£.#b3	☐ Change	<u> </u>
CITY-ST-ZIP			CITY-ST-ZIP	Nas	ples, FL	34109		
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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 allachment with an address, withall other like empowered.								