

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # P05000111347

1. Entity Name

JOHN W. HAMMOCK, JR., D.O., P.A.



Principal Place of Business

8613 ROSEMONT DR
PENSACOLA, FL 32514

Mailing Address

8613 ROSEMONT DR
PENSACOLA, FL 32514



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3292990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMMOCK, JOHN W JR.
8613 ROSEMONT DR
PENSACOLA, FL 32514

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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

D

NAME

HAMMOCK, JOHN W JR

STREET ADDRESS

8613 ROSEMONT DR

CITY-ST-ZIP

PENSACOLA, FL 32514

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

U00000617238
02/07/07-80067-002 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #