

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P07000041134

1. Entity Name

CONFEDERATE HAMMERS, INC.



**FILED
Feb 07, 2008 8:00 am
Secretary of State**

02-07-2008 90030 038 ***150.00



1st MOORE CR2E034 (10/07)

| | | | | | | |
|---|---------|---|---------|---|--|--|
| Principal Place of Business | | Mailing Address | | | | |
| 4565 FREDRICK STREET HASTINGS FL 32145 | | 4565 FREDRICK STREET HASTINGS FL 32145 | | | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | |
| DEKLE, SCOTT 4565 FREDRICK STREET HASTINGS FL 32145 | | | | 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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when changing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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 | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEKLE, SCOTT | | NAME | |
| STREET ADDRESS | 4565 FREDRICK STREET | | STREET ADDRESS | |
| CITY-ST-ZIP | HASTINGS FL 32145 | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | | STREET ADDRESS | |
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| NAME | | | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | |

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:

Signature and Typed or Printed Name of Signing Officer or Director

1/29/08 386-328-6487
Date Daytime Phone #