2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000074362

CHAIKA, WILLIAM

14027 IMAGE LAKE COURT

FORT MYERS, FL 33907

Name:

Address:

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

Entity Na	me: HAMMER	COMMERCIAL, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
601 N DEL PRADO #8 CAPE CORAL, FL 33909			1027 SE 10TH ST CAPE CORAL, FL 3	1027 SE 10TH ST CAPE CORAL, FL 33990	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
601 N DEL PRADO #8 CAPE CORAL, FL 33909			1027 SE 10TH ST CAPE CORAL, FL 3	1027 SE 10TH ST CAPE CORAL, FL 33990	
FEI Number	: 20-1230811	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
CHAIKA, WILLIAM 601 N DEL PRADO #8 CAPE CORAL, FL 33909 US			CHAIKA, WILLIAM 1027 SE 10TH ST. CAPE CORAL, FL 3		
in the State	e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				03/24/2009	
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	O () DENMARK, KEI 11809 ROYAL CAPE CORAL,	ΓΕΕ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O () DENMARK, LAV 11809 ROYAL ⁻ CAPE CORAL,	ΓΕΕ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	O () BLAIN, GERALI 12178 SIESTA FT MYERS BEA	DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	0 ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above or an an enterphase with an eddress with all other like empowered. above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM CHAIKA **CFO** 03/24/2009