

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000068326

FILED
Feb 25, 2009
Secretary of State

Entity Name: HAMMERHEAD HOME SERVICES INC.

Current Principal Place of Business:

6116 N. FAULKENBURG ROAD
TAMPA, FL 33610 US

New Principal Place of Business:

16739 SHIRLA RAE DRIVE
SPRING HILL, FL 34610 US

Current Mailing Address:

6116 N. FAULKENBURG ROAD
TAMPA, FL 33610 US

New Mailing Address:

16739 SHIRLA RAE DRIVE
SPRING HILL, FL 34610 US

FEI Number: 26-3227692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAMLING, MICKLE
6116 N. FAULKENBURG ROAD
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

GRAMLING, MICKLE
16739 SHIRLA RAE DRIVE
SPRING HILL, FL 34610 US

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.

SIGNATURE:

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: GRAMLING, MICKLE
Address: 6116 N. FAULKNEBURG ROAD
City-St-Zip: TAMPA,, FL 33610 US

Title: MM () Delete
Name: GRAMLING, LISA R
Address: 6116 N. FAULKENBURG ROAD
City-St-Zip: TAMPA, FL 33610 US

Title: MM () Delete
Name: GRAMLING, JOHN M
Address: 6116 N. FAULKENBURG ROAD
City-St-Zip: TAMPA, FL 33610 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: GRAMLING, MICKLE
Address: 16739 SHIRLA RAE DRIVE
City-St-Zip: SPRING HILL, FL 34610 US

Title: MM (X) Change () Addition
Name: GRAMLING, LISA R
Address: 16739 SHIRLA RAE DRIVE
City-St-Zip: SPRING HILL, FL 34610 US

Title: MM (X) Change () Addition
Name: GRAMLING, JOHN M
Address: 16739 SHIRLA RAE DRIVE
City-St-Zip: SPRING HILL, FL 34610 US

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MICKLE GRAMLING

P D

02/25/2009

Electronic Signature of Signing Officer or Director

Date