

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90075 030 ***150.00

DOCUMENT # P93000027351					
1. Entity Name HAMANN CONCRETE CUTTING CORPORATION					
Principal Place of Business 1128 ROYAL PALM BLVD #242 ROYAL PALM BEACH, FL 33411			Mailing Address 1128 ROYAL PALM BLVD #242 ROYAL PALM BEACH, FL 33411		
2. Principal Place of Business - No P.O. Box # 18065 92nd Lane N <small>Suite, Apt. #, etc.</small>		3. Mailing Address 18065 92nd Lane N <small>Suite, Apt. #, etc.</small>			
City & State Loxahatchee, FL Zip: 33470 Country: USA		City & State Loxahatchee, FL Zip: 33470 Country: USA		4. FEI Number 65-0399872	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HAMANN, K JR 1128 ROYAL PALM BLVD #242 ROYAL PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name: Hamann, K JR Street Address (P.O. Box Number is Not Acceptable): 18065 92nd Lane N City: Loxahatchee FL Zip Code: 33470		
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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: _____ NAME: HAMANN, K JR STREET ADDRESS: 1128 ROYAL PALM BLVD #242 CITY-ST-ZIP: ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete		TITLE: _____ NAME: Hamann, K JR STREET ADDRESS: 18065 92nd Lane N CITY-ST-ZIP: Loxahatchee, FL 33470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 attachment with an address, with all other like empowered.					
SIGNATURE: <u>Kemis</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/27/07</u>		Daytime Phone #: <u>561-792-1877</u>