


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000047444 1. Entity Name HAMMERSMITH OF NORTHWEST FLORIDA, INC.	
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Principal Place of Business 4281 HWY 90 PACE, FL 32571	Mailing Address 4281 HWY 90 PACE, FL 32571
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3277135	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BENNETT, JERRY-P 4281 HWY 90 PACE, FL 32571

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARRELL, GOODEN 4400 BAYOU BLVD. SUITE 40 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, CURTIS L 5015 RENDY KAY LN MILTON, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LIVINGS, M J JR 3537 BARLEY RD PACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, DOYLE 4281 LUTHER FOWLER RD PACE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFFEL, LINVER 1644 SPALDING CIR PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNETT, JERRY P. 4281 HWY 90 PACE, FL

U000000839528
03/06/08-80012-018 150.00

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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 2/22/08	Daytime Phone # 850-994-0667
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