

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 28, 2005 - 08:00 AM
Secretary of State**

DOCUMENT # P95000053286 *

1. Entity Name
PEGGY ANN HAMMER INC.



Principal Place of Business
**16205 SAN CARLOS BLVD.
FT. MYERS, FL 33908**

Mailing Address
**16205 SAN CARLOS BLVD.
FT. MYERS, FL 33908**



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0582130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HAMMER, ROGER A
16205 SAN CARLOS BLVD.
FT. MYERS, FL 33908**

**DO NOT WRITE
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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	HAMMER, PEGGY A.
STREET ADDRESS	16205 SAN CARLOS BLVD.
CITY-ST-ZIP	FT. MYERS, FL

TITLE	P
NAME	HAMMER, ROGER
STREET ADDRESS	16205 SAN CARLOS BLVD
CITY-ST-ZIP	FT MYERS, FL 33908

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

01/28/05-80036-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

PEGGY A. HAMMER
VPD

1/26/05
Date

239-466-7800
Daytime Phone #