

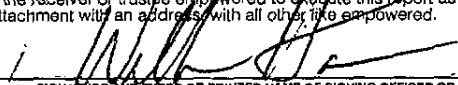


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000000510			
1. Entity Name HAMMOCK MACHINERY, INC.			
Principal Place of Business 3602 BOOTBAY RD. PLANT CITY, FL 33565		Mailing Address 3602 BOOTBAY RD. PLANT CITY, FL 33565	
DO NOT WRITE IN THIS SPACE			
		 02032005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-3359789	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 HAMMOCK, WILLIAM 3602 BOOTBAY RD. PLANT CITY, FL 33565		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		UN00000344322 04/29/05-80132-002 300.00	
10. OFFICERS AND DIRECTORS			
TITLE	D		
NAME	HAMMOCK, WILLIAM		
STREET ADDRESS	3602 BOOTBAY RD.		
CITY - ST - ZIP	PLANT CITY, FL 33565		
TITLE	D		
NAME	HAMMOCK, BARBARA		
STREET ADDRESS	3602 BOOTBAY RD.		
CITY - ST - ZIP	PLANT CITY, FL 33565		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 title empowered.			
SIGNATURE: 		3/15/05 (813) 752-7020	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____ Daytime Phone # _____	