


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90020 035 ***150.00

DOCUMENT # P96000029938
 1. Entity Name
HAMMONDVILLE HOLDINGS CORPORATION



Principal Place of Business Mailing Address
~~4821 IMPERIAL TERR~~ ~~LOUISVILLE, KY 40216~~ ~~US~~
~~4821 IMPERIAL TERR~~ ~~LOUISVILLE, KY 40216~~ ~~US~~



2. Principal Place of Business 3. Mailing Address
 4960 Commonwealth Dr. 4960 Commonwealth Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01262005 Chg-P CR2E034 (10/03)

City & State City & State
 Sarasota FL Sarasota FL
 Zip Country Zip Country
 34242 USA 34242 USA

4. FEI Number 65-0662120 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BEATY, MARCIA
21615 VILLA NOVA DRIVE
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 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	D	<input checked="" type="checkbox"/> Delete
NAME	HALL, BILLY L	
STREET ADDRESS	4821 IMPERIAL TERR	
CITY-ST-ZIP	LOUISVILLE, KY 40216	
TITLE	D	<input type="checkbox"/> Delete
NAME	LLOYD, SCOT	
STREET ADDRESS	424 BERMUDA ISLES CIRCLE	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lloyd Scot	
STREET ADDRESS	4960 Commonwealth Drive	
CITY-ST-ZIP	Sarasota FL 34242	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LLOYD TAMARA	
STREET ADDRESS	4960 Commonwealth Drive	
CITY-ST-ZIP	Sarasota FL 34242	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: Scott Lloyd, president 2-7-05 941-349-6060
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #