


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000036288

1. Entity Name
HAMIC ESTATES, INC.



Principal Place of Business
**11741 SW 232 TERR
DUNNELLO, FL 34431 US**

Mailing Address
**PO BOX 2077
DUNNELLO, FL 34430 US**

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3376783

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAMIE, JOHN W
11741 SW 232ND TERRACE
DUNNELLO, FL 34431**

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	VP HAMIC, JOHN W 11741 SW 232 TERR DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMIC, HERBERT B 1715 SOUTH FLORIDA AVE. LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMIC, WILLIAM T 11741 SW 232 TERR DUNNELLO, FL 34431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, HAZEL H 11710 SOUTHWEST 232ND TERRACE DUNNELLO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/05-80001-012 150.00

**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)(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: *John W Hamic VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 352-4894520
Date Daytime Phone #