


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90430 038 \*\*\*150.00

<b>DOCUMENT # P96000045419</b> 1. Entity Name <b>HAMMOND MARKETING, INC.</b>					
Principal Place of Business <b>1315 CENTER STREET LEESBURG, FL 34748 US</b>			Mailing Address <b>P.O. BOX 491617 LEESBURG, FL 34749-1617 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 895488</b>  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State <b>Leesburg, FL</b> Zip      Country <b>34789-5488</b>		4. FEI Number <b>59-3381616</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HAMMOND, DAVID A 10120 MORNINGSIDE DRIVE LEESBURG, FL 34748 (WRONG ZIP CODE)</b>			7. Name and Address of New Registered Agent Name <b>Hammond, David A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10120 Morningside Drive</b> City      State      Zip Code <b>Leesburg, FL 34788</b>		
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) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <b>HAMMOND, DAVID A</b> <b>10120 MORNINGSIDE DRIVE</b> <b>LEESBURG, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <b>Hammond, David A.</b> <b>10120 Morningside Drive</b> <b>Leesburg, FL 34788</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>David Hammond</u> David Hammond, Pres. 4/19/04 352-787-6677</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					