


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000090107**

1. Entity Name  
**WYLDE THYME HAMMOCK, INC.**



Principal Place of Business      Mailing Address

**2861 SHERMAN AVENUE      2861 SHERMAN AVENUE**  
**NAPLES, FL 34120              NAPLES, FL 34120**

**DO NOT WRITE IN THIS SPACE**



05172006    No Chg-F    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3409233**      Not Applicable

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

6. Name and Address of Current Registered Agent

**MARD, LARS A**  
**2861 SHERMAN AVENUE**  
**NAPLES, FL 34120**

**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**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

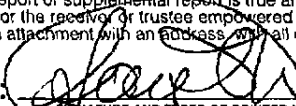
10. OFFICERS AND DIRECTORS

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, and all other like empowered.

SIGNATURE:       Date: **5/20/06**      Daytime Phone #: **239 825 4015**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR