


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000093208	
1. Entity Name HAMMOND STATION GROWERS, INC.	

Principal Place of Business P O BOX 310 SEVILLE, FL 32190	Mailing Address P O BOX 310 SEVILLE, FL 32190
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3410433	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

**REGISTER, JAMES M
160 REGISTER LANE
SEVILLE, FL 32190**

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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 _____ (Signature, typed or printed name of registered agent and title if applicable) (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN0000210900 02/02/05-80097-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD REGISTER, JAMES M REGISTER LANE, P O BOX 310 SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REGISTER, JAMES W JR REGISTER LANE, P O BOX 310 SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD REDEKER, IMMO H REGISTER LANE, P O BOX 310 SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD REGISTER, MICHAEL A REGISTER LANE, P O BOX 310 SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REGISTER, DAVID W REGISTER LANE, P O BOX 310 SEVILLE, FL 32190
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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)(f), 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: James M. Register President 1-31-05 386 749 3467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #