


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000093208</b>	
1. Entity Name <b>HAMMOND STATION GROWERS, INC.</b>	

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



02162008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3410433</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

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

**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)

Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

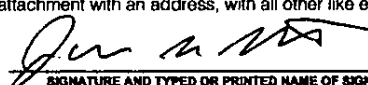
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000877639 04/14/08-80022-016 150.00</b>
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10. OFFICERS 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 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, with all other like empowered.

**SIGNATURE:**  **James M. Register** **3-31-08** **3867493467**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #