


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90003 036 ***150.00

DOCUMENT # P96000094645
 1. Entity Name
M.M. HAMMER CORP.



Principal Place of Business Mailing Address
7276 KENWOOD NORTH PORT FL 34287 **7276 KENWOOD NORTH PORT FL 34287**

2. Principal Place of Business 3. Mailing Address
7298 KENWOOD DR. **7298 KENWOOD DR.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NORTH PORT FLORIDA **NORTH PORT FLORIDA**
 Zip Country Zip Country
34287 **34287**

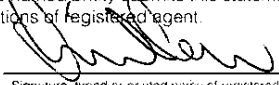
4. FEI Number **65-0728651** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent
HAMMER, MICHAEL
7216 KENWOOD DR.
NORTH PORT FL 34287

7. Name and Address of New Registered Agent
 Name **HAMMER, MICHAEL**
 Street Address (P.O. Box Number is Not Acceptable)
7298 KENWOOD DR.
 City **NORTH PORT** **FL** **34287**

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  **MICHAEL HAMMER** DATE **2-18-06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> Delete
NAME	HAMMER, MICHAEL	
STREET ADDRESS	7276 KENWOOD	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	HAMMER, MARION	
STREET ADDRESS	7276 KENWOOD	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMER, MICHAEL	
STREET ADDRESS	7298 KENWOOD DR	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMER, MARION	
STREET ADDRESS	7298 KENWOOD DR	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **MICHAEL HAMMER** DATE **2-18-06** DAYTIME PHONE # **941-716-0040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR