## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered-

## Jan 30, 2006 08:00 AN DOCUMENT # P98000105216 **Secretary of State** 1. Entity Name HAMNER MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address 7355 9TH STREET S.W. VERO BEACH FL 32968 7355 9TH STREET S.W. VERO BEACH FL 32968 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0883458 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARRIS, CHARLES E 817 BEACHLAND BLVD. Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32963 City Zip Code 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 accerthe 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 \$5.00 May E 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Adailie ☐ Delete TITLE TITLE NAME NAME HAMNER, GEORGE F U00000407280 STREET ADDRESS 650 HIGHWAY A1A STREET ADDRESS 02/08/06-80010-008 150.00 CITY-SY-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE כו NAME HAMNER, ANN G STREET ADDRESS STREET ADDRESS 650 HIGHWAY A1A CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Change ☐ Addition TITLE . Delete MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addir TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P ☐ Delete ☐ Channe Arks: TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP Change TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-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

George F. Hamner

**FILED**