

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000032618

FILED  
Feb 13, 2004  
Secretary of State

Entity Name: DEVIL DAWG POOL CONSTRUCTION, INC.

## Current Principal Place of Business:

4714 WATCHILL CT.  
ORLANDO, FL 32808

## New Principal Place of Business:

## Current Mailing Address:

4714 WATCHILL CT.  
ORLANDO, FL 32808

## New Mailing Address:

FEI Number: 59-3580466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMMOND, THOMAS J III  
4714 WATCHILL CT.  
ORLANDO, FL 32808

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HAMMOND, THOMAS J III  
Address: 4714 WATCH HILL CT  
City-St-Zip: ORLANDO, FL 32808

Title: VPD ( ) Delete  
Name: HAMMOND, MAUREEN  
Address: 4714 WATCH HILL COURT  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAMMOND, THOMAS J III  
Address: 4714 WATCH HILL CT  
City-St-Zip: ORLANDO, FL 32808 US

Title: VPD (X) Change ( ) Addition  
Name: HAMMOND, PAUL  
Address: 2199 PARK MAITLAND CT.  
City-St-Zip: MAITLAND, FL 32751 US

Title: TREA ( ) Change (X) Addition  
Name: WIGGINS, JON H II  
Address: 4536 OAK ARBOR CIRCLE  
City-St-Zip: ORLANDO, FL 32808 US

Title: SEC ( ) Change (X) Addition  
Name: HAMMOND, MAUREEN  
Address: 4714 WATCH HILL CT.  
City-St-Zip: ORLANDO, FL 32808 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL HAMMOND

VPD

02/13/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date