


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000097512


1. Entity Name
PALM HAMMOCK, INC.



Principal Place of Business
**2579 FARRELL RD
 ZOLFO, FL 33890**

Mailing Address
**2579 FARRELL RD
 ZOLFO, FL 33890**

DO NOT WRITE IN THIS SPACE



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0962496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**ALBRITTON, ROBERT C JR
 2579 FARRELL RD
 ZOLFO, FL 33890**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALBRITTON, ROBERT C JR 2579 FARRELL RD ZOLFO, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBRITTON, ROBERT C SR 726 SR 64 E ZOLPHO.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALBRITTON, VICTORIA L 726 SR 64 E ZOLFO SPRINGS, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDENFIELD, SHARON D 2805 67TH STREET BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRITTON, SHERRY E 2579 FARRELL RD ZOLFO, FL 33890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000946951
 05/30/08-80070-004 150.00

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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: *Victoria L Albritton* **4/30/08**

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