

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097512

Entity Name: PALM HAMMOCK, INC.

FILED  
Apr 24, 2012  
Secretary of State

**Current Principal Place of Business:**

159 SR 64 EAST  
ZOLFO SPRINGS, FL 33890

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 636  
ZOLFO SPRINGS, FL 33890

**New Mailing Address:**

FEI Number: 65-0962496      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALBRITTON, ROBERT C JR  
2579 FARRELL RD  
ZOLFO SPRINGS, FL 33890      US

**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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ALBRITTON, ROBERT C JR  
Address: 2579 FARRELL RD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: VD  
Name: ALBRITTON, ROBERT C SR  
Address: 726 SR 64 E  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: STD  
Name: ALBRITTON, VICTORIA L  
Address: 726 SR 64 E  
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: D  
Name: ALBRITTON, SHERRY E  
Address: 2579 FARRELL RD  
City-St-Zip: ZOLFO SPRINGS, FL 33890

I hereby 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 all other like empowered.

SIGNATURE: VICTORIA L. ALBRITTON

STD

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date