


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000018598
 1. Entity Name
 OAK HAMMOCK CONSTRUCTION, INC.



Principal Place of Business 1501 S.E. DECKER AVE UNIT 129A STUART, FL 34994 US	Mailing Address 1501 S.E. DECKER AVE UNIT 129A STUART, FL 34994 US
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01252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3230935	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
 WEBER, PATRICK C.
 1501 DECKER AVE, UNIT A-123
 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBER, PATRICK C 1501 DECKER AVE, UNIT A-123 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULICK, WALTER 1501 DECKER AVE, UNIT A-123 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PAULICK, MARGARET T 2413 S.E. STONECROP ST PORT SAINT LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/18/06-80011-002 150.00

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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: _____ **2-3-06** **772-220-7505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #