


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 243050**  
 1. Entity Name  
**HAMRICK & SONS, INC.**



Principal Place of Business      Mailing Address  
 EAST HIGHWAY 70                      7303 18 AVE NW  
 POST OFFICE BOX 837                  BRADENTON, FL 34209  
 OKEECHOBEE, FL 34973

**DO NOT WRITE IN THIS SPACE**



01132006    No Chg-P    CR2E034 (11/05)

4. FEI Number                      Applied For  
 59-0929647                      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HAMRICK, DAVID O.  
 7303 18 AVE NW  
 BRADENTON, FL 34209

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HAMRICK, DAVID O.
STREET ADDRESS	7303 18 AVE NW
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	STD
NAME	HAMRICK, MICHAEL M
STREET ADDRESS	1017 91ST NW
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/24/06-80064-017 150.00

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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: David O. Hamrick    **DAVID O. HAMRICK**    1-1606    941 792 7907  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #