2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2006 8:00 am
Secretary of State
04-27-2006 90208 026 ***150.00

DOCUMENT # P05000043888

1. Entity Name
HAMILTON'S HOME INSPECTIONS, INC.

Principal Place of Business	Mailing Address
3760 HENRY J AVE ST. CLOUD, FL 34772	3760 HENRY J AVE ST. CLOUD, FL 34772

02232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3925 PACKARD AVE	3925 PACKARD AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Cloud, FLORIDA	City & State: St. Cloud, FLORIDA
Zip: 34772 Country: USA	Zip: 34772 Country: USA

4. FEI Number: 202541511 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LUBERDA, DOROTHY
1401 MICHIGAN AVE
ST. CLOOUD, FL 34769

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, RICHARD 3760 HENRY J AVE. ST. CLOUD, FL 34772	☐ Delete 3925 PACKARD AVE St. Cloud, FL. 34772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Richard Hamilton 4/25/06 (407)791-3786
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #