

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002939

FILED
Feb 06, 2007
Secretary of State

Entity Name: HAMLIN AND BURTON LIABILITY MANAGEMENT, INC.

Current Principal Place of Business:

111 W MAGNOLIA AVE
STE1000
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

111 W MAGNOLIA AVE
STE1000
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 65-0888422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMLIN, PAUL
111 W MAGNOLIA AVE STE 1000
LONGWOOD, FL 32750 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMLIN, PAUL
Address: 111 W MAGNOILA AVE STE 1000
City-St-Zip: LONGWOOD, FL 32750

Title: ST () Delete
Name: HAMLIN, PAUL
Address: 111 W MAGNOLIA AVE STE 1000
City-St-Zip: LONGWOOD, FL 32750

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HAMLIN, PAUL B MR.
Address: 111 W MAGNOILA AVE STE 1000
City-St-Zip: LONGWOOD, FL 32750

Title: ST (X) Change () Addition
Name: HAMLIN, ALVIN C MR.
Address: 111 W MAGNOLIA AVE STE 1000
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Change (X) Addition
Name: SEIBEL, ROBERT C MR.
Address: 8050 WATSON RD STE 140
City-St-Zip: ST LOUIS, MO 63119

Title: VP () Change (X) Addition
Name: JENSBY, MORRIS L MR.
Address: 14415 N 73RD ST STE 111
City-St-Zip: SCOTTSDALE, AZ 85260

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALVIN C. HAMLIN

VP

02/06/2007

Electronic Signature of Signing Officer or Director

_____ Date