

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90194 022 ***150.00

DOCUMENT # 243518

1. Entity Name

HAMILL'S HOME AND AUTO SUPPLY, INC.



Principal Place of Business

2425 N. ANDREWS AVE.
FT. LAUDERDALE FL 33311

Mailing Address

2425 N. ANDREWS AVE.
FT. LAUDERDALE FL 33311



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0919785

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

HAMILL, RICHARD L
2425 N. ANDREWS AVE.
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

PETER A. HAMILL

Street Address (P.O. Box Number is Not Acceptable)

2425 N ANDREWS AVE

City

FT LAUDERDALE

FL

Zip Code

33311

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

[Signature]

PETER A HAMILL

2/2/08

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HAMILL, FRED	
STREET ADDRESS	2110 N.E. 54TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HAMILL, RICHARD L	
STREET ADDRESS	2029 N OCEAN BLVD #305	
CITY-ST-ZIP	FT. LAUDERDALE FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD HAMILL, RICHARD L	<input type="checkbox"/> Delete
NAME	340 NE 51ST STREET	
STREET ADDRESS	FT LAUDERDALE, FL 33334	
CITY-ST-ZIP	FT LAUDERDALE, FL 33334	
TITLE	PD HAMILL, RICHARD L	<input type="checkbox"/> Delete
NAME	2029 N OCEAN BLVD #305	
STREET ADDRESS	FT LAUDERDALE, FL 33305	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILL, PETE	
STREET ADDRESS	340 NE 51ST STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PD HAMILL, RICHARD L	
STREET ADDRESS	2029 N OCEAN BLVD #305	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305	
TITLE	PD HAMILL, FRED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2110 NE 54TH CT.	
STREET ADDRESS	FT LAUDERDALE, FL 33334	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 lines empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/08

9915646361