2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 321663

Title:

Name:

Address:

City-St-Zip:

FILED Jan 07, 2005 Secretary of State

Entity Nar	ne: QUENTIN	I L. HAMPTON ASSOC	CIATES, INC.				
Current P	rincipal Place	of Business:		New Princ	ipal Place of	f Business:	
	TH NOVA ROA ANGE, FL 321						
Current Mailing Address:				New Mailing Address:			
	VER 290247 ANGE, FL 321	290247 US					
FEI Number:	59-1221261	FEI Number Applied Fo	r() FEI Nu	mber Not Appl	icable ()	Certificate of Status	Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
P.O. DRAV	L. HAMTPON / VER 290247 ANGE, FL 321	ASSOCIATES, INC. 290247 US					
	named entity s of Florida.	submits this statement	for the purpose (of changing i	ts registered	office or registered a	gent, or both,
SIGNATUR							
		ic Signature of Registe	_			Date	
Election Car	npaign Financing	Trust Fund Contribution	().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () FERNANDEZ, R 2008 CORNELL DAYTONA BEAC	. PLACE		Title: Name: Address: City-St-Zip:	PD (X FERNANDEZ, 4444 HALIFAX PORT ORANG	(DRIVE	
Title: Name: Address: City-St-Zip:	VD () HAMPTON, MAF 1813 SPRUCE (DAYTONA BEAC	CREEK BL E		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BLAIS, BRADLE	ENINSULA DRIVE		Title: Name: Address: City-St-Zip:	() Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD W. FERNANDEZ PD 01/07/2005

() Delete

1659 PROMENADE CIRCLE

PORT ORANGE, FL 32129

KING, DAVID A

() Change () Addition