2005 FOR PROFIT CORPORATION ANNUAL REPORT

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E AND TYPED OR PRINTED NAME OF SIGHING OFFICER OR DIRECTOR

SIGNATURE:

Apr 25, 2005 08:00 AM Secretary of State **DOCUMENT # 598631** 1. Entity Name HAMILTON ENTERPRISES, INC. Principal Place of Business Mailing Address 6505 MILLSTONE DR. 6505 MILLSTONE DR. NEW PORT RICHEY, FL 34655 **NEW PORT RICHEY, FL. 34655** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 59-1981015 Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MALLON, BARBARA Street Address (P.O. Box Number is Not Acceptable) 6505 MILLSTONE DR. NEW PORT RICHEY, FL 34656 City Zip Code . 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. S/GNATURE. Signature typed or printed pure of registered agent and file if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be File NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete Change Addition TITLE NAME MALLON, BARBARA NAME U00000330233 25/05-80150-<u>019 150.00</u> 6505 MILLSTONE DR. STREET ADDRESS STREET ADDRESS CITY-SI-ZIP NEW PORT RICHEY, FL CiTY-ST-ZIP Addition THE ☐ Defete THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP TITLE ☐ Delete TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILE ☐ Defeto ппе Change ■ Addition NAME NULE STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP Change Addition mle Dolete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DRE Delete DIE ☐ Channe ☐ Addition NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CRY-ST-7P 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 my address, with all other like empowered

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