## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2008 08:00 AN Secretary of State **DOCUMENT #601039** 1. Entity Name FRANK HAMILTON & ASSOCIATES, P.A. Principal Place of Business Mailing Address PO BOX 10756 PO BOX 10756 TAMPA, FL 33679 TAMPA, FL 33679 US 04282008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-1263012 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAMILTON III, FRANK E DO NOT WRITE 611 SOUTH ORLEANS AVE TAMPA, FL 33606 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent stansture required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees U00000933540 10. OFFICERS AND DIRECTORS TITLE PD HAMILTON, FRANK E III NAME STREET ADDRESS 611 S ORLEANS AVE CITY-ST-ZIP TAMPA, FL 33606 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 chapter or or an attachment with an address with all other like empowered.

SIGNATURE

NAME STREET ADDRESS CITY-ST-7IP

Frank 2/tomilton m/

FRANK & HMICOUT

4/28/08

813)879-984

Daytime Phone 6

**FILED**