

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90206 006 ***158.75

DOCUMENT # 836008

1. Entity Name
**DELON HAMPTON & ASSOCIATES, CHARTERED,
INCORPORATED**



Principal Place of Business	Mailing Address
800 K STREET, NORTHWEST, SUITE #720 NORTH LOBBY WASHINGTON, DC 20001 US	800 K STREET, NORTHWEST, SUITE #720 NORTH LOBBY WASHINGTON, DC 20001 US

60001021



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01022007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number	Applied For
52-0968507	Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FRANK, HERBERT
632 SHERIDAN BLVD.
ORLANDO, FL 32804**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	COBT	<input type="checkbox"/> Delete
NAME	HAMPTON, DELON	
STREET ADDRESS	800 K STREET, N. W., #720 NORTH LOBBY	
CITY - ST - ZIP	WASHINGTON, DC 20001	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUMBER, JR., JEFFREY L	
STREET ADDRESS	800 K STREET, N W #720 NORTH LOBBY	
CITY - ST - ZIP	WASHINGTON, DC 20001	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROGERS, ELIJAH B	
STREET ADDRESS	800 K STREET NW #720 N LOBBY	
CITY - ST - ZIP	WASHINGTON, DC 20001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COB & Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	P & Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	V.P. Prof. Svcs. & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. Gary Kellogg	
STREET ADDRESS	800 K Street, N.W.#720, North Lobby	
CITY - ST - ZIP	Washington, DC 20001	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

January 12, 2007
Date

(202) 898-1999
DeVine Phone #