

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G83273

FILED  
Jan 12, 2006  
Secretary of State

Entity Name: EVERGLADES NATIONAL PARK BOAT TOURS, INC.

## Current Principal Place of Business:

C/O SAMMY HAMILTON, JR.  
P.O. BOX 119  
EVERGLADES CITY, FL 33929

## New Principal Place of Business:

## Current Mailing Address:

C/O SAMMY HAMILTON, JR.  
P.O. BOX 119  
EVERGLADES CITY, FL 33929

## New Mailing Address:

FEI Number: 59-2483370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMILTON, JR., SAMMY  
SR 29 CHOKOLOSKEE CAUSEWAY  
EVERGLADES, FL 33929 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HAMILTON, JR., SAMMY,  
Address: COPELAND AVE.  
City-St-Zip: EVERGLADES CITY, FL

Title: S ( ) Delete  
Name: HAMILTON, SAMMY II,  
Address: COPELAND AVENUE  
City-St-Zip: EVERGLADES CITY, FL

Title: T ( ) Delete  
Name: HAMILTON, JOE,  
Address: COPELAND AVENUE  
City-St-Zip: EVERGLADES CITY, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HAMILTON, CINDY,  
Address: COPELAND AVENUE  
City-St-Zip: EVERGLADES CITY, FL

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR ( ) Change (X) Addition  
Name: HAMILTON, BRENDA L OFFICER  
Address: 815 COPELAND AVENUE  
City-St-Zip: EVERGLADES CITY, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: SAMMY HAMILTON JR.

P/DI

01/12/2006

Electronic Signature of Signing Officer or Director

Date