

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # H48623**



1. Entity Name

HAMPTON HYDRAULICS, INCORPORATED

Principal Place of Business

% LOWELL EUGENE HAMPTON  
90 EAST 4TH STREET  
ORLANDO FL 32824  
US

Mailing Address

% LOWELL EUGENE HAMPTON  
90 EAST 4TH STREET  
ORLANDO FL 32824  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2586210**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMPTON, LOWELL EUGENE  
90 EAST 4TH STREET  
ORLANDO FL 32824

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 - applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P  
NAME: HAMPTON, CLARENCE E.  
STREET ADDRESS: 6210 RANDOLPH STREET  
CITY-STATE-ZIP: ORLANDO FL 32809 ☐ Delete

TITLE: **000000676892** ☐ Change ☐ Addition  
NAME: **03/30/07-80081-012 150.00**  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: V  
NAME: HAMPTON, MICHAEL A.  
STREET ADDRESS: 924 EAST FILLMORE AVENUE  
CITY-STATE-ZIP: ORLANDO FL 32809 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ST  
NAME: HAMPTON, MARY J.  
STREET ADDRESS: 4526 SOUTHMORE DRIVE  
CITY-STATE-ZIP: ORLANDO FL 32812 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
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CITY-STATE-ZIP:

TITLE: ☐ Delete  
NAME:  
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CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
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TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Mary J. Hampton* MARY J. HAMPTON

03/21/07

407-851-3616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #