

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J46064

FILED  
Apr 06, 2004  
Secretary of State

**Entity Name:** HAMILTON-MASTERS, ASSOCIATES, INC.

**Current Principal Place of Business:**

1539 CENTER AVE.  
HOLLY HILL, FL 321172021

**New Principal Place of Business:**

**Current Mailing Address:**

1539 CENTER AVE.  
HOLLY HILL, FL 321172021

**New Mailing Address:**

**FEI Number:** 59-2744789

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASTERS, JOHN M. SR.  
1539 CENTER AVE  
HOLLY HILL, FL 32117

**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: MASTERS, JOHN M. SR.,  
Address: 1539 CENTER AVE.  
City-St-Zip: HOLLY HILL, FL

Title: STD ( ) Delete  
Name: MASTERS, JUDITH A.,  
Address: 1539 CENTER AVE.  
City-St-Zip: HOLLY HILL, FL

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VPD ( ) Change (X) Addition  
Name: MASTERS, KIMBERLY M  
Address: 2405 THOROUGHBRED DRIVE  
City-St-Zip: KILLEEN, TX 76549

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** JOHN M. MASTERS

PD

04/06/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date