

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # J46064

1. Entity Name
HAMILTON-MASTERS, ASSOCIATES, INC.



Principal Place of Business
**1539 CENTER AVE.
HOLLY HILL, FL 32117-2021**

Mailing Address
**1539 CENTER AVE.
HOLLY HILL, FL 32117-2021**



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2744789

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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 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	PD
NAME	MASTERS, JOHN M. SR.
STREET ADDRESS	1539 CENTER AVE.
CITY - ST - ZIP	HOLLY HILL, FL

TITLE	STD
NAME	MASTERS, JUDITH A.
STREET ADDRESS	1539 CENTER AVE.
CITY - ST - ZIP	HOLLY HILL, FL

TITLE	VPD
NAME	MASTERS, KIMBERLY M
STREET ADDRESS	2405 THOROUGHbred DRIVE
CITY - ST - ZIP	KILLEEN, TX 76549

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000696100
04/17/07-80087-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

JUDITH A. MASTERS

4-307

386-2547541