

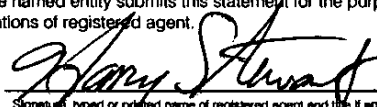
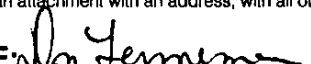


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90016 027 \*\*\*\*61.25

<b>DOCUMENT # N96000001805</b> 1. Entity Name <b>HAMILTON COUNTY PROPERTIES, INC.</b>					
Principal Place of Business <b>16954 SE COUNTY ROAD 137</b> <b>WHITE SPRINGS, FL 32096 US</b>			Mailing Address <b>16954 SE COUNTY ROAD 137</b> <b>WHITE SPRINGS, FL 32096 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-3451953</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05062008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>CREAMER, ROGER W</b> <b>P.O. BOX 1754</b> <b>3003 NORTHEAST TRIPLE RUN ROAD</b> <b>LAKE CITY, FL 32056</b>			7. Name and Address of New Registered Agent  Name <b>Harry Stewart</b> Street Address (P.O. Box Number is Not Acceptable) <b>5544 SE 119th place</b> <b>Jasper</b> City <b>FL</b> Zip Code <b>32052</b>		
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  (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREAMER, ROGER W P.O. 1794 LAKE CITY, FL 32056 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Harry Stewart 5544 SE 119th place Jasper FL 32052 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WEILER, ZACHARY 19491 57 RD MC ALPIN, FL 32062 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FENNEMAN, DON 2618 NW 99TH AVE JASPER, FL 32052 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, RONALD 228 SE VALERIE CT LAKE CITY, FL 32025 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Palmer G. Smith 11186 SE 6E Jasper FL 32052 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, GARY RT 1 BOX 206 LAKE CITY, FL 32055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STORMENT, WILLIAM K 10029 SE CR 152 WHITE SPRINGS, FL 32096 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Phillip McIntyre Rt 19 Box 1118 Lake City FL 32025 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 617, 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 			5.12.08    386 397 2697		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		

ATTACHMENT

40103024

#N96000001805

Sir,

Sorry about this  
being late. Had lost  
postcard and found it  
couple days ago. Getting  
it to you as fast as I can.

Thank you,

Don Fenneman