## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000086962

Entity Name: J. AND J. HAMPTON ENTERPRISES, INC.

FILED Jan 16, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

11205 POCKET BROOK DR. 9801 COMPASS POINT WAY

TAMPA, FL 33635 TAMPA, FL 33615

Current Mailing Address: New Mailing Address:

11205 POCKET BROOK DR. 9801 COMPASS POINT WAY

TAMPA, FL 33635 TAMPA, FL 33615

FEI Number: 59-3669727 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HAMPTON, JAMES F
11205 POCKET BROOK DR.
TAMPA, FL 33635 US

HAMPTON, JAMES F
9801 COMPASS POINT WAY
TAMPA, FL 33615 US

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: 01/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: HAMPTON, JAMES F HAMPTON, JAMES F

Address: 11205 POCKET BROOK DR. Address: 9801 COMPASS POINT WAY

City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33615

Title: S ( ) Delete Title: S (X) Change ( ) Addition

Name: HAMPTON, JILL M Name: HAMPTON, JILL M

Address: 11205 POCKETBROOK DRIVE Address: 9801 COMPASS POINT WAY

City-St-Zip: TAMPA, FL 33635 City-St-Zip: TAMPA, FL 33615

Title: ( ) Delete Title: D ( ) Change (X) Addition

 Name:
 Name:
 HAMPTON, KYLE J

 Address:
 Address:
 9801 COMPASS POINT WAY

City-St-Zip: City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify 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: JAMES F. HAMPTON P 01/16/2009