

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90063 011 \*\*\*150.00

**DOCUMENT # P01000028996**

1. Entity Name

HAMILTON BUILDING AND REMODELING, INC.



Principal Place of Business

540 HARRISON AVE.  
ORANGE PK FL 32065

Mailing Address

540 HARRISON AVE.  
ORANGE PK FL 32065

2. Principal Place of Business

1831 MOORING CIRCLE  
Suite, Apt. #, etc.

3. Mailing Address

1831 MOORING CIRCLE  
Suite, Apt. #, etc.

City & State

MIDDLEBURG, FL  
Zip 32068 Country CLAY

City & State

MIDDLEBURG, FL  
Zip 32068 Country CLAY

4. FEI Number

59-3707404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TOLSON, JOHN F JR  
462 KINGSLEY AVE STE 101  
ORANGE PK FL 32073

7. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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

TITLE PD ☐ Delete  
NAME HAMILTON, JUDY H  
STREET ADDRESS 540 HARRISON AVE.  
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE TSD ☐ Delete  
NAME HAMILTON, DONALD J  
STREET ADDRESS 540 HARRISON AVE.  
CITY-ST-ZIP ORANGE PARK FL 32065

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Don Hamilton* DON HAMILTON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/05  
Date

904-509-7739  
Daytime Phone #