


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000028996</b>	
<b>1. Entity Name</b> HAMILTON BUILDING AND REMODELING, INC.	

<b>Principal Place of Business</b> 1831 MOORING CIRCLE MIDDLEBURG, FL 32068	<b>Mailing Address</b> 1831 MOORING CIRCLE MIDDLEBURG, FL 32068
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**DO NOT WRITE IN THIS SPACE**



03062008 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 59-3707404	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

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**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** \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	PD
<b>NAME</b>	HAMILTON, JUDY H
<b>STREET ADDRESS</b>	1831 MOORINGS CIRCLE
<b>CITY- ST- ZIP</b>	MIDDLEBURG, FL 32068
<b>TITLE</b>	TSD
<b>NAME</b>	HAMILTON, DONALD J
<b>STREET ADDRESS</b>	1831 MOORINGS CIRCLE
<b>CITY- ST- ZIP</b>	MIDDLEBURG, FL 32068
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY- ST- ZIP</b>	

**DO NOT WRITE IN THIS SPACE**

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03/26/08-80030-010 150.00

**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:** Don Hamilton (Don Hamilton) **3/8/08** **904-298-5710**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #