


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000047554	
1. Entity Name HAMPTON OAKS PARTNERS, INC.	

Principal Place of Business 1900 MAIN ST., SUITE 310 SARASOTA, FL 34236	Mailing Address 1900 MAIN ST., SUITE 310 SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



09022004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1142648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
KLEIN, WILLIAM R 1900 MAIN ST., SUITE 310 SARASOTA, FL 34236	

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST KLEIN, WILLIAM R 1900 MAIN STREET 310 SARASOTA, FL 34236	<p style="text-align: center; font-size: 18pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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09/08/04-80005-008 150.00

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: <u>William R. Klein</u>	Date: <u>9/8/04</u>	Daytime Phone #: <u>941-565-8855</u>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Klein