


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90178 039 ***150.00

DOCUMENT # P02000033760 1. Entity Name HAMILTON TRUCKING OF JACKSONVILLE, INC.					
Principal Place of Business 7048 PRESTWICK CIR. S JACKSONVILLE, FL 32244			Mailing Address 7048 PRESTWICK CIR. SOUTH JACKSONVILLE, FL 32244 <i>2651 Carson Oaks Dr Jacksonville FL 32221</i>		
2. Principal Place of Business <i>2651 Carson Oaks Dr</i>			3. Mailing Address <i>2651 Carson Oaks Dr</i>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>Jacksonville FL</i>			City & State <i>Jacksonville FL</i>		
Zip <i>32221</i>			Zip <i>32221</i>		
Country <i>Duval</i>			Country <i>Duval</i>		
4. FEI Number 01-0650155			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			03222005 Chg-P CR2E034 (10/03)		
6. Name and Address of Current Registered Agent HAMILTON, ANTHONY 7048 PRESTWICK CIR. SOUTH JACKSONVILLE, FL 32244			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST HAMILTON, ANTHONY 7048 PRESTWICK CIR. SOUTH JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMILTON, ANTHONY 7048 PRESTWICK CIR. SOUTH JACKSONVILLE, FL 32244		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Anthony Hamilton</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/29/05 742 9900 Date Daytime Phone #		

50048012

