


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90009 030 ***150.00

DOCUMENT # P02000046599 1. Entity Name RON HAMILTON JR. FLOORING, INC.					
Principal Place of Business 25295 ESTRADA CIR PUNTA GORDA, FL 33955 <i>437 hondrina Dr.</i>			Mailing Address 25295 ESTRADA CIR PUNTA GORDA, FL 33955		
2. Principal Place of Business - No P.O. Box # <i>Punta Gorda</i>		3. Mailing Address <i>437 hondrina Dr.</i>			
Suite, Apt. #, etc. <i>Punta Gorda FL</i>		Suite, Apt. #, etc. <i>Punta Gorda, FL</i>			
City & State 		City & State 		05042007 Chg-P CR2E034 (12/06)	
Zip 33983		Country Charlotte		4. FEI Number 01-0675417	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent HAMILTON, RON JR. 25295 ESTRADA CIR PUNTA GORDA, FL 33955			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>5/30/07</i>					
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007			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	P HAMILTON, RON JR. 25295 ESTRADA CIR PUNTA GORDA, FL 33955 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>5/30/07</i> Daytime Phone #: <i>941 457-3923</i>		