

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000134524

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: HAMILTON CONSTRUCTION INC.

## Current Principal Place of Business:

4848 FIREWEED ST  
MIDDLEBURG, FL 32068

## New Principal Place of Business:

5605 CAMPO DRIVE  
KEYSTONE HEIGHTS, FL 32656

## Current Mailing Address:

4848 FIREWEED ST  
MIDDLEBURG, FL 32068

## New Mailing Address:

5605 CAMPO DRIVE  
KEYSTONE HEIGHTS, FL 32656

FEI Number: 55-0810292

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMILTON, SCOTT  
4848 FIREWEED ST  
MIDDLEBURG, FL 32068 US

## Name and Address of New Registered Agent:

HAMILTON, SCOTT  
5605 CAMPO DRIVE  
KEYSTONE HEIGHTS, FL 32656 US

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.

SIGNATURE: SCOTT R HAMILTON

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSV ( ) Delete  
Name: HAMILTON, SCOTT  
Address: 4848 FIREWEED ST  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: HAMILTON, SCOTT  
Address: 4848 FIREWEED ST  
City-St-Zip: MIDDLEBURG, FL 32068

Title: S ( ) Delete  
Name: HAMILTON, LUANN  
Address: 4848 FIREWEED ST  
City-St-Zip: MIDDLEBURG, FL 32068

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSV (X) Change ( ) Addition  
Name: HAMILTON, SCOTT  
Address: 5605 CAMPO DRIVE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: D (X) Change ( ) Addition  
Name: HAMILTON, SCOTT  
Address: 5605 CAMPO DRIVE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: S (X) Change ( ) Addition  
Name: HAMILTON, LUANN  
Address: 5605 CAMPO DRIVE  
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT R HAMILTON

PTSV

04/30/2009

Electronic Signature of Signing Officer or Director

Date