

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000115643

1. Entity Name
HAMPTON CONCRETE FINISHING, INC.



FILED

05 FEB 14 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10673 HAMPTON LANE
ALTA, FL 32421

Mailing Address
P.O. BOX 569
ALTA, FL 32421

12-20-04 01068 009 61.25



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11012004 Chg-P CR2E034 (10/03) 05

City & State

City & State

4. FEI Number
81-0636066

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMPTON, KEYELA M
10673 HAMPTON LANE
ALTA, FL 32421

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P Delete
NAME HAMPTON, KEYELA M
STREET ADDRESS P.O. BOX 569
CITY-ST-ZIP ALTA, FL 32421

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V Delete
NAME HAMPTON, ROBERT L III
STREET ADDRESS P.O. BOX 569
CITY-ST-ZIP ALTA, FL 32421

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500043535905
12/20/04--01068--009 **\$61.25

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500043535905
02/22/05--01013--012 **\$88.75

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: Keyela Hampton Keyela Hampton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/05
Date

Daytime Phone #