

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90004 025 ***150.00

DOCUMENT # P03000125892

1. Entity Name
HAMILTON ENTERPRISES CENTRAL FLORIDA, INC.



Principal Place of Business
**11667 NE 36TH ST
OXFORD, FL 34484**

Mailing Address
**P.O. BOX 358
OXFORD, FL 34484**

54017976



2. Principal Place of Business

11667 N.E. 36TH STREET

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 358

Suite, Apt. #, etc.

01052004

Chg-P

CR2E034 (10/03)

City & State

OXFORD FL

City & State

OXFORD FL

4. FEI Number

01-0801735

Applied For

Not Applicable

Zip

34484

Country

SUMTER

Zip

34484

Country

SUMTER

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAMILTON, RON
11667 NE 36TH ST
OXFORD, FL 34484**

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

Ron Hamilton

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-29-04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PVST
HAMILTON, RON
11667 NE 36TH ST
OXFORD, FL 34484** ☐ Delete

TITLE
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
 ☐ Change ☐ Addition

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 ☐ Change ☐ 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:

Ron Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON HAMILTON

Date

1-7-04

Daytime Phone #

352-303-1166