## 2005 FOR PROFIT CORPORATION - ANNUAL REPORT

## FILED Mar 23, 2005 08:00 AM Secretary of State

| DOCUMENT # P03000125892  1. Entity Name HAMILTON ENTERPRISES CENTRAL FLORIDA, INC.  |  |   |   |  | J   |  |
|---|--|---|---|--|---|--|
| Principal Place<br>11667 NE 3<br>OXFORD, FL   | 36TH ST.   | Mailing Address<br>P.O. BOX 358<br>OXFORD, FL 34484   |   |  |   |  |
| DO NOT WRITE IN THIS SPACE  |  |   |   | 03012005 No Chg-P CF  4. FEl Number     01-0801735  5. Certificate of Status Desired | A2E034 (10/03)  Applied For  Not Applicable  \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  HAMILTON, RON 11667 NE 36TH ST OXFORD, FL 34484  |  |   | DO NOT WRITE<br>IN THIS SPACE                 |  |   |  |
| 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  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature exquired when reinstalling).  OATE  |  |   |   |  |   |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees  |  |   |   | .00 May Be U0000027: 03/23/05-80   | 3191<br>018-008 150.00  |  |
| 10. OFFICERS AND DIRECTORS  |  |   |   |  |   |  |
| TITLE<br>NAME   | PVST<br>HAMILTON, RON                                      | <del></del>   |   |  | · · ·   |  |
| STREET ADDRESS  | · -  |   |   |  |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>HAMILTON, RON<br>11667 NE 36TH ST<br>OXFORD, FL 34484 |   |   |  |   |  |
| TITLE   | <u> </u>   | <del></del>   | 1   |  |   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | s  |   |   | DO NOT WRITE   |   |  |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP   |  | a de la companya de |   | IN THIS SPAC   | DE  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |   |  |   |  |
| TITLE   |  | <u> </u>  |   | •  |   |  |
| NAME<br>CTREST ADDRESS  |  |   | 1   |  | ĺ   |  |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | , <u>, , , , , , , , , , , , , , , , , , </u> |  | -   |  |
| 12. Thereby certify that the information supplied with this filling 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: |  |   |   |  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Priore  |  |   |   |  |   |  |