## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000125892

1. Entity Name

HAMILTON ENTERPRISES CENTRAL FLORIDA, INC.



Principal Place of Business

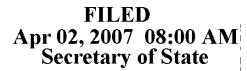
708 MAIN ST

WILDWOOD, FL 34785

Mailing Address

708 MAIN ST

WILDWOOD, FL 34785





DO NOT WRITE IN THIS SPACE 03032007

4. FEI Number Applied For 01-0801735 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

HAMILTON ENTERPRISES CTRL FL. INC. 708 N MAIN ST WILDWOOD, FL 34785

## DO NOT WRITE IN THIS SPACE

No Chg-P

	named entity submits this statement for the p lions of registered agent.	urpose of changing its registered	d office or	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little it	annicable (NOTE Recestered	Agent signstu	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				\$5.00 May Be Added to Fees	DAIG
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST HAMILTON, RON POB 1435 WILDWOOD, FL 34785				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, RON POB 1435 WILDWOOD, FL 34785				000000635049 04/06/07-80057-009 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE.
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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 affactingent with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF AIGNING OFFICER OR DIRECTOR

3-24-07

352-303-1160

Daytime