

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 08:00 AM
Secretary of State


DOCUMENT # P04000022407

1. Entity Name
HAMPTON & HAMPTON MANAGEMENT & LEASING, INC.



Principal Place of Business 7901 KINGSPORTE PKWY. 15 ORLANDO, FL 32819 US	Mailing Address 7901 KINGSPORTE PKWY. 15 ORLANDO, FL 32819
---	--

DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0681036	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAMPTON, SCOTT A
 7901 KINGSPORTE PKWY.
 15
 ORLANDO, FL 32819**

DO NOT WRITE IN THIS SPACE

8. The above named entry 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

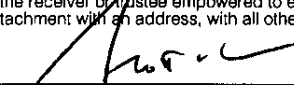
10. OFFICERS AND DIRECTORS

TITLE P	NAME HAMPTON, SCOTT A
STREET ADDRESS 7901 KINGSPORTE PKWY. SUITE 15	CITY-ST-ZIP ORLANDO, FL 32819
TITLE VP	NAME HAMPTON, KIM L
STREET ADDRESS 7901 KINGSPORTE PKWY. SUITE 15	CITY-ST-ZIP ORLANDO, FL 32819
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

100000916237
 05/12/08-80019-003 150.00

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

SIGNATURE:  **4/21/08** **(407) 253-9324**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #