

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90249 014 ***150.00

DOCUMENT # P04000042641					
1. Entity Name HAMPTON MANAGEMENT CORPORATION OF BELLEVIEW					
Principal Place of Business 12980 S.W. HIGHWAY 484 DUNNELLON, FL 34432 US			Mailing Address PO BOX 519 OCALA, FL 34478 US		
2. Principal Place of Business <i>Hampton Manor</i> Suite, Apt. #, etc. 1810 SE 16th Ave City & State Ocala, FL Zip 34471 Country Malin		3. Mailing Address <i>Hampton Administrative</i> Suite, Apt. #, etc. P.O. Box 76509 City & State St. Petersburg FL Zip 33734 Country Pinellas			
4. FEI Number 20-0829068		Chg-P CR2E034 (11/05)			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, PEDER L 10590 SE 62ND AVE BELLEVIEW, FL 34420			7. Name and Address of New Registered Agent Name <i>Peder Johnson</i> Street Address (P.O. Box Number is Not Acceptable) 1810 SE 16th Ave City <i>Ocala</i> FL Zip Code <i>34471</i>		
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 <i>Peder Johnson</i>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, LEONARD W 10590 SE 62ND AVE BELLEVIEW, FL 34420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, PEDER L 10590 SE 62ND AVE BELLEVIEW, FL 34420	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Peder Johnson</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>4-28-06</i> Daytime Phone # <i>352-266-1241</i>					

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