

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000077238

Entity Name: D. HAMILTON PLUMBING, INC.

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1712 CANOVA STREET S.E.
PALM BAY, FL 32909 US

New Principal Place of Business:

1805 CANOVA STREET S.E.
SUITE #7
PALM BAY, FL 32909 US

Current Mailing Address:

P.O. BOX 500490
MALABAR, FL 32950 US

New Mailing Address:

FEI Number: 34-2026359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, DARRIN S
700 GRANT ROAD
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMILTON, DARRIN S
Address: POB 500490
City-St-Zip: MALABAR, FL 32950 US

Title: VPFO () Delete
Name: HAMILTON, SHERRY L
Address: POB 500490
City-St-Zip: MALABAR, FL 32950 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPFO (X) Change () Addition
Name: HAMILTON, SHERRY L
Address: POB 500490
City-St-Zip: MALABAR, FL 32950 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRY L. HAMILTON

VPFO

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date