


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90095 035 ***150.00

DOCUMENT # P04000105473

1. Entity Name
 CAROL A. HAMILTON, INC.



Principal Place of Business
 1316 CYPRESS COVE COURT
 INVERNESS, FL 34450

Mailing Address
 1316 CYPRESS COVE COURT
 INVERNESS, FL 34450

2. Principal Place of Business
 3989 S. Tom Ave.
 Suite, Apt. #, etc.

3. Mailing Address
 3989 S. Tom Ave.
 Suite, Apt. #, etc.
 INVERNESS

City & State
 INVERNESS, FL


City & State
 FL

Zip
 34452

Country
 US

Zip
 34452

Country
 US



03012006 Chg-P CR2E034 (11/05)

4. FEI Number
 20-1404101

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, CAROL A
 1316 CYPRESS COVE COURT
 INVERNESS, FL 34450

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 <input type="checkbox"/> Delete
NAME	HAMILTON, CAROL A
STREET ADDRESS	1316 CYPRESS COVE COURT 3989 S. Tom Ave.
CITY-ST-ZIP	INVERNESS, FL 34450 2
TITLE	V <input type="checkbox"/> Delete
NAME	MIDDLESWORTH, MYRA
STREET ADDRESS	1316 CYPRESS COVE COURT 3989 S. Tom Ave.
CITY-ST-ZIP	INVERNESS, FL 34450 2
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Carol A. Hamilton Date: 4/17/06 Daytime Phone #: 1952-344-5535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR