

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

03012006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1404101
Applied For
Not Applicable

Zip
34452
Country
US

Zip
34452
Country, US

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 _____
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. ☐ \$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		
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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		
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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