


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90035 029 ***150.00

| | |
|---|---|
| DOCUMENT # P04000161726 |  |
| 1. Entity Name HAMPTON CHARTERS, INC. | |

| | |
|--|--|
| Principal Place of Business 10161 CENTURION PARKWAY NORTH SUITE 190 JACKSONVILLE, FL 32256 | Mailing Address 10161 CENTURION PARKWAY NORTH SUITE 190 JACKSONVILLE, FL 32256 |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business 10739 Deerwood Park Blvd. | 3. Mailing Address 10739 Deerwood Park Blvd. |
| Suite, Apt. #, etc. Suite 300 | Suite, Apt. #, etc. Suite 300 |
| City & State Jacksonville, FL | City & State Jacksonville, FL |
| Zip 32256-2873 | Country Duval |

| | |
|---|--|
|  | |
| 01112006 | Chg-P CR2E034 (11/05) |
| 4. FEI Number 56-2491647 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent SIMON, BERT C 1660 PRUDENTIAL DR SUITE 203 JACKSONVILLE, FL 32207 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

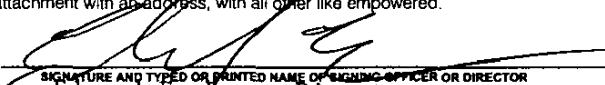
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (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 | D BURR, EDWARD E 10161 CENTURION PARKWAY NORTH SUITE 190 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:  **January 16, 2006** (904) 998-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Edward E. Burr, Director

Date Daytime Phone #