




# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90017 011 \*\*\*150.00

<b>DOCUMENT # P04000161726</b>					
<b>1. Entity Name</b> <b>HAMPTON CHARTERS, INC.</b>					
<b>Principal Place of Business</b> <b>10739 DEERWOOF PARK BOULEVARD</b> <b>SUITE 300</b> <b>JACKSONVILLE, FL 32256-2873 US</b>			<b>Mailing Address</b> <b>10739 DEERWOOF PARK BOULEVARD</b> <b>SUITE 300</b> <b>JACKSONVILLE, FL 32256-2873 US</b>		
<b>2. Principal Place of Business - No P.O. Box #</b> <b>7807 Baymeadows Road East</b> Suite, Apt. #, etc. <b>Bldg.2, Ste. 205</b>		<b>3. Mailing Address</b> <b>P.O. Box 16068</b> Suite, Apt. #, etc.			
<b>City &amp; State</b> <b>Jacksonville, FL</b>		<b>City &amp; State</b> <b>Jacksonville, FL</b>		<b>4. FEI Number</b> <b>56-2491647</b>	
<b>Zip</b> <b>32256</b>		<b>Country</b> <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>SIMON, BERT C</b> <b>1660 PRUDENTIAL DR SUITE 203</b> <b>JACKSONVILLE, FL 32207</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BURR, EDWARD E</b> <b>10739 DEERWOOD PARK BLVD STE 300</b> <b>JACKSONVILLE, FL 32256</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Burr, Edward E</b> <b>7807 Baymeadows Road East Bldg.2, Ste. 205</b> <b>Jacksonville, FL 32256</b>	
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	
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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	
<b>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.</b>					
<b>SIGNATURE:</b>  <b>EDWARD E. BURR</b> <b>2/26/2008</b> <b>(904) 996-2485</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					