2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2006 8:00 am Secretary of State

DOCUMENT # P05000074336 1. Entity Name HAMILTON ENTERPRISES OF NE FLORIDA INC							90023 035 ***1	50.00
Principal Place	e of Business	Mailing Address	Mailing Address			30640		
2826 AMELIA		2826 AMELIA RD			10,9	, •		
	BEACH, FL 32034	FERNANDINA BEACH, FL 32034			Ì			
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2. Principal Place of Business		3. Mailing Address		3 10 Z 10 Z 10 Z 10 Z	U, D(
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072006	Chg-P	CR2E034 (11/05)		
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City & State		City & State		4. FEI Numbe			oplied For	
7in Country		Zip Co		ter	40.	2886086		ot Applicable
Zip	Country	-	Coun	шу	5. Certificate	of Status Desired	□ \$8.75 Add Fee Require	ditional :d
	6. Name and Address of Currer	nt Registered Agent	<u> </u>		7. Name and	Address of New Reg	gistered Agent	
				Name			~	
HAMILTON, WAYNE				Street Address (P.O. Box Number is Not Acceptable)				
2826 AMELIA RD FERNANDINA BEACH, FL 32034				Gilber Address (r., O. Box Hamber is Not Addeptable)				
LINAND	INA DEAON, I'L OZOOT							
				City			FL Zip Coo	de
The above named entity submits this statement for the purpose of changing its register				1 '			FL	
	named entity submits this statement ions of registered agent.	for the purpose of changing i	s register	ed office or re	gistered agent, or bo	th, in the State of Hori	da. Tam familiar with	, and accept
	D 1//2	11 -4	ก	- 0		つ	7-4/	
SIGNATURE_	Signature, typed or printed name of registered age	ent and title if applicable (NC	TE: Registere	d Agent signature	required when reinstating)	3	-7-06	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550		ntribution.		\$5.00 May Be Added to Fees			
10.	T	ID DIRECTORS	11.			CHANGES TO OFFIC	ERS AND DIRECTOR	
TITLE	P NAME TON IMAYNE	☐ Delete	TITL	E	V, P,	NA 122 N	☐ Change	Addition
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TITLE	<u> </u>	☐ Delete	TITL	E	TOMMYV 1546 Kar FERNAND SECRETAR	V	☐ Change	Addition
NAME			NAM	1E	Michael F 2209 SAd	Floud King	۹	_
STREET ADDRESS				EET ADDRESS	2209 SAd	IER Road	-	
CITY-ST-ZIP			CITY	r-ST-ZIP	ENDA. B	CH. FC.	32034	
. TITLE	-	☐ Delete	!_ ^{T TL}	I .	-		Change	. Addition
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STREET ADDRESS CITY-ST-ZIP				r-ST-ZIP				
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NAME		☐ Delete	NAP STF	ME				_

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.

CICMATUDE.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-06

904-753-1697

Daytime Phone #