

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90029 036 ***158.75

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01222007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000113126
1. Entity Name
HAMLIN & ASSOCIATES, INC.



Principal Place of Business
**533 N NOVA RD
SUITE 201
ORMOND BEACH, FL 32174**

Mailing Address
**533 N NOVA RD
SUITE 201
ORMOND BEACH, FL 32174**

2. Principal Place of Business - No P.O. Box #
575 N. Nova Rd

3. Mailing Address
575 N. Nova Rd

City & State
Ormond Beach, FL

City & State
Ormond Beach, FL

Zip
32174

Country

Zip
32174

Country

6. Name and Address of Current Registered Agent
**HAMLIN, JOHN
533 N NOVA RD
SUITE 201
ORMOND BEACH, FL 32174**

4. FEI Number
36-4176538

Applied For
☐ Not Applicable

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
575 N. Nova Rd
City **Ormond Beach** FL Zip Code **32174**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 HAMLIN, JOHN 271 WOODHAVEN CIR WEST ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John Hamlin* **1/29/07** **888-600-8608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #