

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000113193 1. Entity Name P.J.R.S. HAMILTON, INC.				 		FILED 07 SEP 19 AM 7:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 712 WEST HALL STREET AVON PARK, FL 33825 US				Mailing Address 712 WEST HALL STREET AVON PARK, FL 33825 US			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				City & State Zip Country			
4. FEI Number 20-3359581				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 HAMILTON, PAUL D 712 WEST HALL STREET AVON PARK, FL 33825				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 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
P/T HAMILTON, PAUL D 712 WEST HALL STREET AVON PARK, FL 33825				200110231892 10/03/07--01031--016 **150.00			
Delete				Change Addition			
Delete				Change Addition			
Delete				Change Addition			
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Delete				Change 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				X 9-11-07 Date			
PAUL D. HAMILTON				(863) 229-8506 Daytime Phone #			