

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P16575 1. Entity Name HAMPSHIRE ASSET MANAGEMENT & DISPOSITION, INC.	
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Principal Place of Business 4851 TAMAMI TRAIL NW 300 NAPLES, FL 34103 US	Mailing Address 4851 TAMAMI TRAIL NW 300 NAPLES, FL 34103 US
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1213683	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOFFMAN, HARVEY B
4851 TAMAMI TRAIL NW
STE 300
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

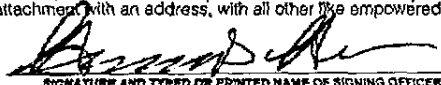
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HANSON, JON F. 178 EDMERE WAY S. NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOFFMAN, SHARON B. 216 EDMERE WAY S. NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFFMAN, HARVEY B 316 ELMORE WAY SOUTH NAPLES, FL 34105
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**DO NOT WRITE
IN THIS SPACE**

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

2/1/06 (735) 430-8100

Date

Daytime Phone #