


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000080614</b>	
1. Entity Name HAMPTON INSURANCE INC.	

Principal Place of Business 2966 CLEVELAND AVE. FT. MYERS, FL 33901 US	Mailing Address 2966 CLEVELAND AVE. FT. MYERS, FL 33901 US
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**DO NOT WRITE IN THIS SPACE**

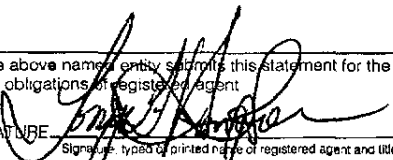


01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0466553	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  HAMPTON, TONYA 2966 CLEVELAND AVE. FT MYERS, FL
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**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 	DATE
<small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	

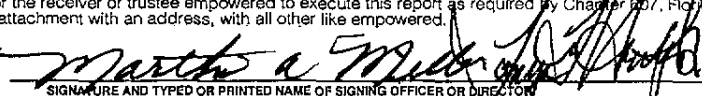
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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000000051681  
02/16/04-80061-013 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMPTON, TONYA 600 MOODY RD N FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMPTON, DENNIS D 600 MOODY RD N FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLS, MARTHA A. 6609 WILLOW LAKE CIRCLE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	2-11-04 332-8565
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	