


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90040 027 ***150.00

DOCUMENT # P95000062120

1. Entity Name
 HAMPTON & ASSOCIATES CATASTROPHE SERVICES, INC.



Principal Place of Business 2532 HWY 98 CARABELLE, FL 32323	Mailing Address 2679 RENFROE RD PACE, FL 32571
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DO NOT WRITE IN THIS SPACE

40006848



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3337399	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMPTON, JOEY H
 2679 RENFROE RD
 PACE, FL 32570

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	P HAMPTON, JOEY H 2679 RENFROE RD PACE, FL 32570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAMPTON, DEBBIE 2679 RENFROE RD PACE, FL 32570
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Joey Hampton Date: 1-19-06 Daytime Phone #: 850-857-0876
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR