



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90061 009 ***150.00

DOCUMENT # P96000017812					
1. Entity Name BETTY J. HAMILTON, INC.					
Principal Place of Business 836 SHERBROOK DR. EAST JACKSONVILLE, FL 32221			Mailing Address 836 SHERBROOK DR. EAST JACKSONVILLE, FL 32221		
2. Principal Place of Business 8478 Normandy Blvd Suite, Apt. #, etc.		3. Mailing Address 8478 Normandy Blvd Suite, Apt. #, etc.			
City & State Jax FL		City & State Jax FL		02222006 Chg-P CR2E034 (11/05)	
Zip 32221		Country Duval		4. FEI Number 59-3367951	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HOLBROOK COLD, KATHLEEN ONE INDEPENDENT DR., STE. 2301 JACKSONVILLE, FL 32202			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 <u>Betty J. Hamilton</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/23/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 HAMILTON, BETTY J 836 SHERBROOK DR. EAST JACKSONVILLE, FL 32221	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8478 Normandy Blvd Suite 1 Jax FL 32221	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAMILTON, DONALD C 836 SHERBROOK DR. EAST JACKSONVILLE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	8478 NORMANDY BLVD Suite 1 Jax FL 32221	<input checked="" 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: <u>Betty J. Hamilton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>2/23/06</u> DAYTIME PHONE # <u>904/786-5652</u>		