


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000017812		
1. Entity Name BETTY J. HAMILTON, INC.		
Principal Place of Business 8478 NORMANDY BLVD SUITE 1 JACKSONVILLE, FL 32221	Mailing Address 8478 NORMANDY BLVD SUITE 1 JACKSONVILLE, FL 32221	
DO NOT WRITE IN THIS SPACE		



01232007 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3367951** ☐ Applied For
☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent HOLBROOK COLD, KATHLEEN ONE INDEPENDENT DR., STE. 2301 JACKSONVILLE, FL 32202

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

UD00000607992
01/31/07-80059-007 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, BETTY J 8478 NORMANDY BLVD SUITE 1 JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, DONALD C 8478 NORMANDY BLVD SUITE 1 JACKSONVILLE, FL 32221
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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 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: Betty J. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-07 904-509-4491
Date Daytime Phone #