

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000039526

1. Entity Name
HAMILTON & STAFF, INC.



Principal Place of Business
**102 SOUTH 10TH ST.
FERNANDINA BEACH, FL 32034**

Mailing Address
**102 SOUTH 10TH ST.
FERNANDINA BEACH, FL 32034**



01172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3377674

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BALL, JOHN S ESQ
1 INDEPENDENT DRIVE, SUITE 2600
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 _____

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	THIBAUT, ANN M
STREET ADDRESS	54 MARSH CREEK ROAD
CITY-ST-ZIP	AMELIA ISLAND, FL 32034
TITLE	P
NAME	BEATTIE, DAVID
STREET ADDRESS	16 JASMINE ST
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034
TITLE	S
NAME	RYNER, MARGARET
STREET ADDRESS	4201 CONNETTICUT AVE NW # 212
CITY-ST-ZIP	WASHINGTON, DC 20008
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/05-80100-012 150.00

**DO NOT WRITE
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)(i), 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

Ann M. Thibault
Ann M. Thibault

Date

Daytime Phone #

1/24/05 9042610201