

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000039526 <small>1. Entity Name</small> HAMILTON & STAFF, INC.					
<small>Principal Place of Business</small> 102 SOUTH 10TH ST. FERNANDINA BEACH FL 32034			<small>Mailing Address</small> 102 SOUTH 10TH ST. FERNANDINA BEACH FL 32034		
<small>2. Principal Place of Business</small> Suite, Apt. #, etc.			<small>3. Mailing Address</small> Suite, Apt. #, etc.		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>4. FEI Number</small> 59-3377674	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>				<small>Applied For</small> <small>Not Applicable</small>	
<small>6. Name and Address of Current Registered Agent</small> BALL, JOHN S ESQ 1 INDEPENDENT DRIVE, SUITE 2600 JACKSONVILLE FL 32202				<small>7. Name and Address of New Registered Agent</small> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				<small>9. Election Campaign Financing</small> \$5.00 May Be <small>Trust Fund Contribution.</small> <input type="checkbox"/> Added to Fees	
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PSTD THIBAUT, ANN M 54 MARSH CREEK ROAD AMELIA ISLAND FL 32034	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	P BEATTIE, DAVID 16 JASMINE ST FERNANDINA BEACH FL 32034	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	S RYNER, MARGARET 4201 CONNETTICUT AVE NW # 212 WASHINGTON DC 20008	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	_____ _____ _____ _____	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	_____ _____ _____ _____	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	_____ _____ _____ _____	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	_____ _____ _____ _____	<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ann Thibault* **AME THIBAUT 1/27/06** **904-261-0201**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #