

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90025 041 ***150.00

DOCUMENT # P96000064555

1. Entity Name
HAMILTON, SHURM & GRAY, INC.



Principal Place of Business
**1008 WILLA SPRINGS DR
SUITE 100
WINTER SPRINGS, FL 32708**

Mailing Address
**6620 SOUTHPOINT DR. S.
SUITE 610
JACKSONVILLE, FL 32211**

24049260



2. Principal Place of Business

3. Mailing Address
1361 13th Ave S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
#250

02272004 Chg-P CR2E034 (10/03)

City & State

City & State
Jacksonville Beach, FL

4. FEI Number
59-3186581

Applied For
Not Applicable

Zip

Country

Zip
32250

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**SHURM, WILLIAM H
670 N ORLANDO AVE STE 101
MAITLAND, FL 32751**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1008 Willa Springs Dr.

Suite 100

City
Winter Springs

FL

Zip Code
32708

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BROWN, CHARLTON V**
STREET ADDRESS **6620 SOUTHPOINT DR SOUTH #610**
CITY-ST-ZIP **JACKSONVILLE, FL 32216**

TITLE **D** ☐ Delete
NAME **SHURM, WILLIAM H**
STREET ADDRESS **670 N ORLANDO AVE STE 101**
CITY-ST-ZIP **MAITLAND, FL 32751**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☐ Addition
NAME **Brown, Charlton V.**
STREET ADDRESS **1361 13th Ave. S. #250**
CITY-ST-ZIP **Jacksonville Beach, FL 32250**

TITLE **D** ☐ Change ☐ Addition
NAME **Shurm, William H.**
STREET ADDRESS **1008 Willa Springs Dr., #100**
CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4/19/04

904-242-4245