2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000075821

1. Entity Name

HAMPTON MANAGEMENT SERVICES, INC

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Principal Place of Business

SIGNATURE:

Mailing Address

2740 SW MARTIN DOWNS BLVD., STE. 288 PALM CITY, FL 34990

2740 SW MARTIN DOWNS BLVD., STE. 288 PALM CITY, FL 34990

FILED Mar 22, 2006 8:00 am Secretary of State

03-22-2006 90013 050 ***150.00



DO NOT WRITE IN THIS SPACE

01162006 No Chg-P CR2E034 (11/05)

4.	FEI Number		Applied For
	65-0778905	Г	Not Applicable
5.	Certificate of Status Desired	\$8.75	Additional

6. Name and Address of Current Registered Agent

GRECO, JOSEPH R 2740 SW MARTIN DOWNS BLVD., STE. 288 PALM CITY, FL 34990

DO NOT WRITE IN THIS SPACE

March 9, 2006

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 eigneture required when rematating) DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS			•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRECO, CLAIRE G 2229 SW BRADFORD PL 27 40 S PALM CITY, FL 34990	w Martin Downs Blvd.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS City-St-Zip				DO	NOT WRITE			
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
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 his 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 a other like empowered.								