



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P97000091402 1. Entity Name ROBERT G. HAMILTON, INC.																																										
Principal Place of Business 2103 BAY BLVD. INDIAN ROCKS BEACH, FL 33785	Mailing Address 2103 BAY BLVD. INDIAN ROCKS BEACH, FL 33785																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent HAMILTON, ROBERT G 2103 BAY BLVD. INDIAN ROCKS BEACH, FL 33785		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____																																										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS																																										
<table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>HAMILTON, ROBERT G</td></tr><tr><td>STREET ADDRESS</td><td>2103 BAY BLVD.</td></tr><tr><td>CITY-ST-ZIP</td><td>INDIAN ROCKS BEACH, FL 33785</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>			TITLE	D	NAME	HAMILTON, ROBERT G	STREET ADDRESS	2103 BAY BLVD.	CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																										



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3479080	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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U00000533324
05/06/06-80120-009 150.00

**DO NOT WRITE
IN THIS SPACE**

3/14/06 **727-593-3855**
Date Daytime Phone #