2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000106405

1. Entity Name

SUITE 201

HAMPTON CENTER, INC.

Principal Place of Business

CLEARWATER, FL 33764

4625 EAST BAY DRIVE

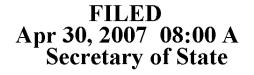


Mailing Address

4625 EAST BAY DRIVE

SUITE 201

CLEARWATER, FL 33764





DO NOT WRITE IN THIS SPACE

04152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3487437

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

TYLER, SCOTT J. 4625 E. BAY DRIVE SUITE 201 CLEARWATER, FL 33764

DO NOT WRITE IN THIS SPACE

 The above named entity aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids. I am familier with, and accept the obligations of registered agent. 					
SIGNATURE Signature, typed or privided name of registered agent and title if applicable. (NOTE: Registered Agent signature required white					DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financ Trust Fund Contribution.	alng 🗀	\$5.00 May Be Added to Fees	U00000742997 05/15/07-80091-014 150.00
10. OFFICERS AND DIRECT		CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYLER, SCOTT J. 2856 SABER DRIVE CLEARWATER, FL 34619				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TYLER, CRAIG H. 131 OAKWOOD DR LARGO, FL 33770				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TYLER, TIMOTHY T. 17 BELLEVUE DRIVE TREASURE ISLAND, FL 33708			DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZP	·			IN T	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,			
תחוד :			\$ 66 to 60 (C)		

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplied that 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 of the received by 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:

NAME STREET ADORESS CITY-ST-ZIP

NATURE AND POPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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727-725-2802

Daytime Phone #