

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90038 035 ***150.00

DOCUMENT # P98000068331

1. Entity Name

MICHAEL A. HAMILTON COMPANY



Principal Place of Business

**3611 FIRST ST EAST
STE 920
BRADENTON FL 34208**

Mailing Address

**3611 FIRST ST EAST
STE 920
BRADENTON FL 34208**

2. Principal Place of Business

5726 CORTEZ RD.W.

Suite, Apt. #, etc.

#256

3. Mailing Address

5726 CORTEZ RD.W.

Suite, Apt. #, etc.

#256



1st MOORE

CR2E034 (10/04)

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34210

Country

MANATEE

Zip

34210

Country

MANATEE

4. FEI Number

65-0855413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAMILTON, MICHAEL A
3315 50TH AVE. EAST
BRADENTON FL 34203**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**-\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	HAMILTON, MICHAEL A	
STREET ADDRESS	3315 50TH AVE E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEHMAN, LENNY M	
STREET ADDRESS	3701 LAKE BAYSHORE DR #H111	
CITY-ST-ZIP	BRADENTON FL 34205-5103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lenny M. Lehman* **LENNY M. LEHMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-05

Daytime Phone #