

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000002939

FILED
Mar 10, 2009
Secretary of State

Entity Name: HAMLIN AND BURTON LIABILITY MANAGEMENT, INC.

Current Principal Place of Business:

111 W MAGNOLIA AVE
STE1000
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

111 W MAGNOLIA AVE
STE1000
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 65-0888422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMLIN, PAUL
111 W MAGNOLIA AVE STE 1000
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAMLIN, PAUL B MR.
Address: 111 W MAGNOILA AVE STE 1000
City-St-Zip: LONGWOOD, FL 32750

Title: ST () Delete
Name: HAMLIN, ALVIN C MR.
Address: 111 W MAGNOLIA AVE STE 1000
City-St-Zip: LONGWOOD, FL 32750

Title: VP () Delete
Name: SEIBEL, ROBERT C MR.
Address: 8050 WATSON RD STE 140
City-St-Zip: ST LOUIS, MO 63119

Title: VP () Delete
Name: SEIBEL, ROBERT C MR.
Address: 8050 WATSON RD, STE 140
City-St-Zip: ST LOUIS, MO 63119

Title: VP () Delete
Name: ELLZEY, CHARLES E MR.
Address: 22873 US HWY 98, BLDG 1, STE 4
City-St-Zip: FAIRHOPE, AL 36532

Title: VP (X) Delete
Name: MARSHALL, PAUL R MR.
Address: 319 WILLOWWOOD DR
City-St-Zip: DAYTON, OH 45405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ELLZEY, CHARLES E MR.
Address: 22873 US HWY 98, BLDG 1, STE 4
City-St-Zip: FAIRHOPE, AL 36532

Title: VP (X) Change () Addition
Name: CURRY, RICHARD P MR.
Address: 25 CORPORATE CIRCLE SUITE 110
City-St-Zip: ALBANY, NY 12203

Title: VP (X) Change () Addition
Name: WARREN, BRENDA MRS.
Address: 17107 LONGACRES LANE
City-St-Zip: ODESSA, FL 33556

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN HAMLIN

S/T

03/10/2009

Electronic Signature of Signing Officer or Director

Date