


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90167 031 \*\*\*150.00

<b>DOCUMENT # P99000032295</b> 1. Entity Name <b>JAMES HAMPTON, INC.</b>			
Principal Place of Business <b>14499 SE 175TH STREET WEIRSDALE, FL 32195</b>		Mailing Address <b>14499 SE 175TH STREET WEIRSDALE, FL 32195 US</b>	
2. Principal Place of Business <b>32 PINE AVE.</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 19319</b> Suite, Apt. #, etc.	
City & State <b>SARASOTA, FL.</b> Zip Country <b>34229 USA</b>		City & State <b>SARASOTA, FL</b> Zip Country <b>34276 USA</b>	
4. FEI Number <b>65-0903820</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>TRACY, CATHERINE L 5900 S TAMiami TRAIL SUITE I SARASOTA, FL 34231</b>		7. Name and Address of New Registered Agent Name <b>TRACY, CATHERINE L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2058 Constitution Blvd</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34231</b>	
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 <b>Catherine L. Tracy</b> <span style="float: right;">3-3-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST HAMPTON, JAMES S 14499 SE 175TH STREET WEIRSDALE, FL 32195	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST HAMPTON, JAMES S. 32 PINE AVE SARASOTA, FL. 34229
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>James S Hampton</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3-2-06</b> <small>Date Daytime Phone #</small>	

40026294



02112006 Chg-P CR2E034 (11/05)