

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000032333

1. Entity Name
HAMILTON FAMILY AUTO REPAIR AND SERVICE INC.



Principal Place of Business
985 NW 53RD ST
FORT LAUDERDALE, FL 33309

Mailing Address
985 NW 53RD ST
FORT LAUDERDALE, FL 33309

FILED
Mar 31, 2004 08:00 AM
Secretary of State



03172004 No Chg-P CR2E034 (10/03)

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4. FEI Number
65-0907108

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, WILLIAM
4331 NW 80TH AVE.
CORAL SPRINGS, FL 33065

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

1100000049548
03/31/04-80012-015 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME HAMILTON, WILLIAM
STREET ADDRESS 4331 NW 80TH AVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE ST
NAME HAMILTON, VICKI
STREET ADDRESS 4331 NW 80TH AVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE VP
NAME HAMILTON, JESSICA
STREET ADDRESS 4331 NW 80TH AVE
CITY-ST-ZIP CORAL SPRINGS, FL 33065

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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IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 3-29-04 ✓ (954) 267-8880