

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000032333

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



FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90316 012 ***150.00

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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112005

Chg-P

CR2E034 (10/03)

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

7. Name and Address of New Registered Agent

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

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

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 210 Lake Pointe Drive #207
CITY-ST-ZIP Oakland Park, FL 33309

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSICA HAMILTON

Date

4-18-05

Daytime Phone #

954 267 8880