

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90045 021 ***150.00

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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**

40018106



02142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 2006 Fee will be \$550.00**

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

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: 210 LAKE POINTE DRIVE # 207
CITY-ST-ZIP: OAKLAND, FL 33309

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSICA HAMILTON VP

Date

Daytime Phone #

12-23-06

9542678880