

**2007 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

DO NOT WRITE IN THIS SPACE

**FILED
May 02, 2007 8:00 am
Secretary of State**

05-02-2007 90107 045 ***150.00

401010000



03272007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0907108	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, WILLIAM 4331 NW 80TH AVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HAMILTON, VICKI 4331 NW 80TH AVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMILTON, JESSICA 210 LAKE POINTE DRIVE # 207 OAKLAND, FL 33309
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 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

✓ 4/30/07 ✓ 9542678880
Daytime Phone #