

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90165 026 ***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**



04302008 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, 2008 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	

**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

Date

Daytime Phone #

4-30-08

9542678880