

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000097192

1. Entity Name  
HAMILTON ENTERPRISES, INC OF TALLAHASSEE



Principal Place of Business  
2550 STONEGATE DR  
TALLAHASSEE, FL 32308

Mailing Address  
2550 STONEGATE DR  
TALLAHASSEE, FL 32308

FILED

04 APR -7 PM 12:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3606666

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

HAMILTON, TIMOTHY  
2550 STONEGATE DR  
TALLAHASSEE, FL 32308

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

600033222316  
04/21/04--01005--023 \*\*150.00

**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

## 10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMILTON, TIMOTHY
STREET ADDRESS	2550 STONEGATE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input checked="" type="checkbox"/> Delete
NAME	MOSS, JAIME
STREET ADDRESS	2550 STONEGATE DR
CITY-ST-ZIP	TALLAHASSEE, FL 32308
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 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

4/7/04

Date

8502514725

Daytime Phone #