


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000097192**

1. Entity Name  
**HAMILTON ENTERPRISES, INC OF TALLAHASSEE**



Principal Place of Business      Mailing Address  
**2550 STONEGATE DR**      **2550 STONEGATE DR**  
**TALLAHASSEE, FL 32308**      **TALLAHASSEE, FL 32308**



05242005      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**

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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: *Timothy Hamilton*      DATE: *5/30/05*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**      In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAMILTON, TIMOTHY
STREET ADDRESS	2550 STONEAGE DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Timothy Hamilton*      Date: *5/30/05*      Daytime Phone #: *850 251 4772*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR