

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2007 08:00 A
Secretary of State

DOCUMENT # S12047

1. Entity Name
HAMILTON LAND COMPANY



Principal Place of Business
**311 N. NEWPORT AVE., SUITE 100
TAMPA, FL 33606-1325 US**

Mailing Address
**311 N. NEWPORT AVE., SUITE 100
TAMPA, FL 33606-1325 US**



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3033379

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HAMILTON, JACK S JR.
311 N NEWPORT AVE
TAMPA, FL 33606**

**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**

000000655118
03/13/07-80091-008 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HAMILTON, JACK S JR.
311 N. NEWPORT AVE., SUITE 100
TAMPA, FL 336061325**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
EVELAND, JOHN A
311 N. NEWPORT AVE., SUITE 100
TAMPA, FL 336061325**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

John Eveland

2/26/07

Date

(813) 250-3535

Daytime Phone #