

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90101 049 ***150.00

DOCUMENT # S23877

1. Entity Name
KIRBY HAMILTON AND COMPANY, INC.



Principal Place of Business
**1652 SAN MARCO BLVD.
JACKSONVILLE, FL 32207**

Mailing Address
**1652 SAN MARCO BLVD.
JACKSONVILLE, FL 32207**

50033952



02102005 Chg-P CR2E034 (10/03)

2. Principal Place of Business
1019 Colombe Street
Suite, Apt. #, etc.

3. Mailing Address
1019 Colombe Street
Suite, Apt. #, etc.

City & State
Jacksonville, FL
Zip
32207
Country
USA

City & State
Jacksonville, FL
Zip
32207
Country
USA

4. FEI Number
59-3043463
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMILTON, KIRBY
1652 SAN MARCO BLVD.
JACKSONVILLE, FL 32207**

Name

Street Address (P.O. Box Number is Not Acceptable)

1019 Colombe Street

City **Jacksonville, FL** Zip Code **32207**

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, 2005 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
D HAMILTON, KIRBY ☐ Delete
3825 FEAATHER OAKS DRIVE, EAST
JACKSONVILLE, FL 32277

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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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)(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

3/31/05
Date

904-396-1964
Daytime Phone #