2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2008 08:00 Al Secretary of State

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1. Entity Name

RONALD J. HAMILTON, INC.



Principal Place of Business

7070 KEY HAVEN RD

SEMINOLE, FL 33777

Mailing Address

P.O. BOX 8126

MADEIRA BEACH, FL 33738



DO NOT WRITE IN THIS SPACE

01172008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3071207

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6.	Name and Address of	Current Registered Agent

HAMILTON, RONALD J. 7070 KEY HAVEN RD 301

SEMINOLE, FL 33777

DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. Tarri annular with, and accept the obligations of registered agent. 							
SIGNATURE,	Signature, typed or printed name of registered agent and title it	applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, RONALD J. 7070 KEY HAVEN RD # 301 SEMINOLE, FL 33777						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HAMILTON, JUDY R 7070 KEY HAVEN RD # 301 SEMINOLE, FL 33777				000000793014 01/24/08-80032-005 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE		-			<u>.</u>		

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:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

118/08 121-348-1502

Daytime Phone #