

**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90103 048 \*\*\*158.75

**DOCUMENT # S76218**  
 1. Entity Name  
**WESTFIELD OF HAMILTON, INC.**



Principal Place of Business      Mailing Address  
~~678 W BAY ST~~      ~~678 W BAY ST~~  
 WINTER GARDEN FL 34789      WINTER GARDEN FL 34789  
 US      US

**14016203**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.  
*505 N. Boyd St.*      *505 N. Boyd St*

City & State      City & State  
*Winter Garden, Fl.*      *Winter Garden, Fl.*

Zip      Country      Zip      Country  
*34787*      *USA*      *34787*      *USA*

4. FEI Number      Applied For  
**59-3100391**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GREENE, CLAUDE L.**      *505 N. Boyd St*  
~~678 W BAY ST~~  
 WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

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

City      FL      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	STEPHENS, TONI G.	
STREET ADDRESS	<del>678 W. BAY ST.</del> <i>505 N. Boyd St</i>	
CITY-ST-ZIP	WINTER GARDENS FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREENE, MICHAEL S.	
STREET ADDRESS	1613 FRANCES AVE.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	GREENE, CLAUDE L.	
STREET ADDRESS	<del>678 W BAY ST</del> <i>505 N. Boyd St</i>	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Toni G. Stephens*      *4/18/05*      *407-656-6226*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #