

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V37280**  
 1. Entity Name  
**JOAN HAMILTON, INC.**



Principal Place of Business      Mailing Address  
**2625 NE 6TH AVENUE**      **2625 NE 6TH AVENUE**  
**WILTON MANORS FL 33334**      **WILTON MANORS FL 33334**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt #, etc.      Suite, Apt #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

**6. Name and Address of Current Registered Agent**  
**HAMILTON, JOAN**  
**2625 NE 6TH AVENUE**  
**WILTON MANORS FL 33334**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	HAMILTON, JOAN	2625 NE 6TH AVENUE	WILTON MANORS FL 33334	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

U00000354003  
 05/03/05-80089-022 150.00

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 of Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*      Date: **4-30-05**      Daytime Phone #: **1-954-565-9117**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR