ove na	amed entity submits this statement for the purpose of cha JRE:	nging its registered office or re	egistered agent, or both, ir
	Electronic Signature of Registered Agent		
er/D	irector Detail :		
	DP	Title	DVPS
•	TAYLOR, PATRICIA O	Name	TAYLOR, MELBO

JACKSONVILLE BEACH, FL 32250
Current Mailing Address:
C/OLAWRENCE R PATTERSON

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

C/O LAWRENCE R. PATTERSON 3010 THIRD STREET SOUTH JACKSONVILLE, FL 32250

Entity Name: HAMPSHIRE HOUSE, INC.

**Current Principal Place of Business:** 

## FEI Number: 59-2651038

DOCUMENT# H63738

403 ST. AUGUSTINE BLVD.

## Name and Address of Current Registered Agent:

PATTERSON, LAWRENCE RESQ 3010 SOUTH 3RD ST JACKSONVILLE BEACH, FL 32250 US

The abo in the State of Florida.

#### SIGN

## Office

Title	DP	Title	DVPS
Name	TAYLOR, PATRICIA O	Name	TAYLOR, MELBOURNE R
Address	403 ST. AUGUSTINE BLVD.	Address	403 ST. AUGUSTINE BLVD.
City-State-Zip:	JACKSONVILLE BEACH FL 32250	City-State-Zip:	JAX. BEACH FL 32250
Title	т		
Name	TAYLOR, REGINALD		
Address	403 ST. AUGUSTINE BLVD.		
City-State-Zip:	JAX. BEACH FL 32250		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA O. TAYLOR

Electronic Signature of Signing Officer/Director Detail

DP

Date

# FILED Feb 05, 2013 Secretary of State CC5649883001

Certificate of Status Desired: No