## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 180701**

Entity Name: W.H. HINTON, INC.

SLACK, ANN W

1102 S.E. 7TH STREET

FORT LAUDERDALE, FL 33301

Name:

Address:

City-St-Zip:

FILED Apr 08, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1102 SE 7 FORT LAU	TH ST JDERDALE, FL 33301			
Current Mailing Address:			New Mailing Address:	
1102 SE 7 FORT LAU	TH ST JDERDALE, FL 33301			
FEI Number	: 59-0810061 FEI Numbe	Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	I Address of Current Reg	istered Agent:	Name and Address of	f New Registered Agent:
1102 S.E. FORT LAU The above	· · - · · - · · · · · · · · · · ·	JS statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATU				
Electronic Signature of Registered Agen			ent	Date
Election Car	mpaign Financing Trust Fund (	Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S () Delete JACKSON, SARAH F 815 SE 11TH AVE FORT LAUDERDALE, FL 333	16	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	P ( ) Delete WIELAND, JACQUELINE H 1102 SE 7TH ST FORT LAUDERDALE, FL 333	01	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	V () Delete WIELAND, CLAY H 513 SE 9TH AVE. FORT LAUDERDALE, FL 333	01	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title:	T () Delete		Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JACQUELINE WIELAND P 04/08/2009