2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# 403522

Entity Name: CARL HANKINS, INC.

Current Principal Place of Business:

14512 N. NEBRASKA AVENUE
TAMPA, FL 33613

New Principal Place of Business:

14512 N. NEBRASKA AVENUE
TAMPA, FL 33613 US

Current Mailing Address:

14512 N. NEBRASKA AVENUE
TAMPA, FL 33613

New Mailing Address:

14512 N. NEBRASKA AVENUE
TAMPA, FL 33613 US

FEI Number: 59-1400178 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HANKINS CASTEEL, TERRI
14512 N. NEBRASKA AVENUE
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: TSD ( ) Delete
Name: HANKINS, PANSY M,
Address: 6800 WISTERIA LOOP
City-St-Zip: LAND O LAKES, FL 34639

Title: DVP ( ) Delete
Name: HANKINS, DANIEL E.,
Address: 25550 INKWOOD PL.
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: PD ( ) Delete
Name: HANKINS CASTEEL, TERRI
Address: 5802 TOWER ROAD
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TSD (X) Change ( ) Addition
Name: HANKINS, PANSY M,
Address: 6800 WISTERIA LOOP
City-St-Zip: LAND O LAKES, FL 34638

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TERRI HANKINS CASTEEL PD 03/23/2009

Electronic Signature of Signing Officer or Director — Date