


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90106 027 ***150.00

DOCUMENT # 420825
 1. Entity Name
STANLEY J. HINES BLDR., INC.



Principal Place of Business
303 N. BEN AVON DRIVE
TEMPLE TERRACE, FL 33617

Mailing Address
303 N. BEN AVON DRIVE
TEMPLE TERRACE, FL 33617

40101474



04252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1471216 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HINES, STANLEY J.
303 N. BEN AVON DRIVE
TEMPLE TERRACE, FL 33617

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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 renouncing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HINES, STANLEY J.
STREET ADDRESS	303 N. BEN AVON DR.
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	V
NAME	HINES, WM. D.E.
STREET ADDRESS	303 N. BEN AVON DR.
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	ST
NAME	HINES, CHARLENE ANN
STREET ADDRESS	303 N. BEN AVON DR.
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Stanley J. Hines **STANLEY J. HINES** 4/29/07 8139881382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #