


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

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



Principal Place of Business <b>303 N. BEN AVON DRIVE TEMPLE TERRACE, FL 33617</b>	Mailing Address <b>303 N. BEN AVON DRIVE TEMPLE TERRACE, FL 33617</b>
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**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1471216</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

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

U00000936934  
 05/27/08-80030-001 138.75

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HINES, STANLEY J. 303 N. BEN AVON DR. TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HINES, WM. D.E. 303 N. BEN AVON DR. TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST HINES, CHARLENE ANN 303 N. BEN AVON DR. TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 Pres.** 4/28/08 8139681382  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Me Phone #