

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 420825

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** STANLEY J. HINES BLDR., INC.

**Current Principal Place of Business:**

303 N. BEN AVON DRIVE  
TEMPLE TERRACE, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

303 N. BEN AVON DRIVE  
TEMPLE TERRACE, FL 33617

**New Mailing Address:**

FEI Number: 59-1471216

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HINES, STANLEY J.  
Address: 303 N. BEN AVON DR.  
City-St-Zip: TEMPLE TERRACE, FL

Title: V  
Name: HINES, WM. D.E.  
Address: 303 N. BEN AVON DR.  
City-St-Zip: TEMPLE TERRACE, FL

Title: ST  
Name: HINES, CHARLENE ANN  
Address: 303 N. BEN AVON DR.  
City-St-Zip: TEMPLE TERRACE, FL

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: STANLEY J HINES

P

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date