

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 422057

1. Entity Name  
HINSON DRAGLINE & DOZIER CORPORATION



Principal Place of Business  
2897 OAK DRIVE  
WEST PALM BEACH, FL 33406

Mailing Address  
2897 OAK DRIVE  
WEST PALM BEACH, FL 33406



07052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1460399

Applied For  
Not Applicable

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

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

HINSON, SAM E.  
2897 OAK DRIVE  
WEST PALM BEACH, FL 33406

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

000000372523  
07/13/05-80004-011 150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HINSON, SAM E.
STREET ADDRESS	2897 OAK DRIVE
CITY - ST - ZIP	WEST PALM BEACH, FL 33406
TITLE	S
NAME	HINSON, GEORGIA
STREET ADDRESS	325 EXECUTIVE CENTER DRIVE APT 214A
CITY - ST - ZIP	WEST PALM BEACH, FL 33406
TITLE	VP
NAME	HINSON, GEORGIA
STREET ADDRESS	325 EXECUTIVE CENTER DRIVE APT 214A
CITY - ST - ZIP	WEST PALM BEACH, FL 33406
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 exemption stated in Section 119.07(3)(i), 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:

*Sam E. Hinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/05 5619684071  
Date Daytime Phone #