


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State


02-10-2004 90005 046 ***158.75

DOCUMENT # 475272	
1. Entity Name HINZMAN CONSTRUCTION CO., INC.	

Principal Place of Business 1143 GEORGE ST SEBASTIAN FL 32958 US	Mailing Address PO BOX 780023 SEBASTIAN FL 32978 US
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2. Principal Place of Business 573 BARBER ST. Suite, Apt. #, etc. SEBASTIAN FL	3. Mailing Address P.O. Box 780023 Suite, Apt. #, etc.
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City & State SEBASTIAN FL	City & State SEBASTIAN FL
Zip 32958	Country I.R.
Zip 32978	Country I.R.

	
MOORE	CR2E034 (11/03)
4. FEI Number 59-1593986	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HINZMAN, FRANK D. 1143 GEORGE ST SEBASTIAN FL 32958	
7. Name and Address of New Registered Agent Name HINZMAN FRANK D. Street Address (P.O. Box Number is Not Acceptable) 573 BARBER ST. City SEBASTIAN FL 32978	

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 Frank D. Hinzman <small>Signature, typed or printed name of registered agent and title if applicable.</small>	FRANK D. HINZMAN Pres. <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE 1-29-04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST HINZMAN, FRANK D. 1143 GEORGE ST SEBASTIAN FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 573 BARBER ST.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Frank D. Hinzman <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	FRANK D. HINZMAN	1-29-04	772-388-2004 <small>Daytime Phone #</small>
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