2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000001907

1. Entity Name
HINKLE CONTRACTING CORPORATION



FILED
May 02, 2008 08:00 AN
Secretary of State

Principal Place of Business
395 NORTH MIDDLETOWN RD

PARIS, KY 40361

Mailing Address
P O BOX 200
PARIS, KY 40362-0200



DO NOT WRITE IN THIS SPACE

04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-0725598 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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 little if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE.

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

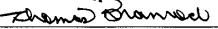
 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

- U000000942528 /29/08-90023-011

10. OFFICERS AND DIRECTORS CD TITLE NAME HINKLE, SALLY 601 NORTH MIDDLETOWN RD STREET ADDRESS CITY-ST-ZIP PARIS, KY 40361 TITLE CEOD HINKLE, HENRY NAME STREET ADDRESS 333 CANE RIDGE RD CITY-ST-ZIP PARIS, KY 40361 **EVPD** TITLE CRESS, WILLIAM NAME STREET ADDRESS P O BOX 487 DO NOT WRITE STANTON, KY 40380 IN THIS SPACE TITLE HINKLE, THOMAS NAME STREET ADDRESS 1608 CLINTONVILLE RD CITY-ST-ZIP PARIS, KY 40361 TITLE BRANNOCK, THOMAS NAME 116 DUNCAN AVE STREET ADDRESS PARIS, KY 40361 CITY-ST-7IP VPD TITLE NAME LEDFORD, RICHARD STREET ADDRESS 2022 PARKLAND DR CITY-ST-ZIP -SOMERSET, KY 42503

12. I hereby certify that the information supplied with this filling 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:



Thomas BRANNOUC

4 38 08

859/987-367

Daytime Phone #