


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F07000001907 1. Entity Name HINKLE CONTRACTING CORPORATION	
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Principal Place of Business 395 NORTH MIDDLETOWN RD PARIS, KY 40361	Mailing Address P O BOX 200 PARIS, KY 40362-0200
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DO NOT WRITE IN THIS SPACE



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 61-0725598	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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)
Signature, typed or printed name of registered agent and title if applicable DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000942528 05/29/08-80023-011 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HINKLE, SALLY 601 NORTH MIDDLETOWN RD PARIS, KY 40361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD HINKLE, HENRY 333 CANE RIDGE RD PARIS, KY 40361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD CRESS, WILLIAM P O BOX 487 STANTON, KY 40380
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HINKLE, THOMAS 1608 CLINTONVILLE RD PARIS, KY 40361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BRANNOCK, THOMAS 116 DUNCAN AVE PARIS, KY 40361
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LEDFOORD, RICHARD 2022 PARKLAND DR SOMERSET, KY 42503

**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: Thomas Brannock **Thomas BRANNOCK** 4/28/08 (859)987-3670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #