


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # G27310 1. Entity Name CINTRON, INC.					
Principal Place of Business % EDESEL F. HIBNER, JR. 315 NORTH PARK BLVD. VENICE FL 34285-1328			Mailing Address % EDESEL F. HIBNER, JR. 315 NORTH PARK BLVD. VENICE FL 34285-1328		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2260311				<input type="checkbox"/> 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 HIBNER, EDESEL F., JR. 315 NORTH PARK BLVD. VENICE FL			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	DP HIBNER, EDESEL F JR 315 N PARK BLVD VENICE, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	0000000618820 02/08/07-80045-021 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____			E.F.Hibner, Jr.-President 941 484-9333 01/30/07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



1st MOORE CR2E034 (10/06)