## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 18, 2006 08:00 AN Secretary of State DOCUMENT # H43830 1. Entity Name HINSON SEPTIC TANK SERVICE, INCORPORATED Principal Place of Business Mailing Address 5140 STEWART DR 5140 STEWART DR PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 03292006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2492259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRINER, DONALD W DO NOT WRITE 5140 STEWART DR PANAMA CITY, FL 32404 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) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PD TITLE GRINER, DONALD W NAME 5140 STEWART DR STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32404 U00000517079 05/01/06-80055-003 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. Thereby 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:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4-11-06

850 866 3802 Dayling Phone #

FILED