

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H77315

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: ROBERT HINEBAUGH, INC.

**Current Principal Place of Business:**

ROBERT HINEBAUGH, INC.  
3102 ENTERPRISE RD  
FT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

ROBERT HINEBAUGH, INC.  
P.O. BOX 13571  
FT PIERCE, FL 34979 US

**New Mailing Address:**

FEI Number: 59-2579180      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLY, MARVIN  
3102 ENTERPRISE RD  
FT PIERCE, FL 34982 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KELLY, MARVIN  
Address: 11600 TWIN CREEKS DR  
City-St-Zip: FT PIERCE, FL 34945

Title: VD ( ) Delete  
Name: KELLY, MARGO  
Address: 3102 ENTERPRISE RD  
City-St-Zip: FT PIERCE, FL 34982

Title: STD ( ) Delete  
Name: KELLY, KYLE  
Address: 11600 TWIN CREEKS DR  
City-St-Zip: FT PIERCE, FL 34945

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KYLE KELLY

MR

03/20/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date