

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2006 08:00 AM
Secretary of State**

DOCUMENT # H79788

1. Entity Name
HINTON'S RADIATOR, INC.



Principal Place of Business
**% HAROLD N. HINTON
3106 ORANGE AVENUE
FT. PIERCE, FL 34947**

Mailing Address
**% HAROLD N. HINTON
3106 ORANGE AVENUE
FT. PIERCE, FL 34947**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2591897

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HINTON, HAROLD N.
3106 ORANGE AVENUE
FT. PIERCE, FL 34947**

**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 title if applicable.

(NOTE: Registered Agent signature required when terminating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

DATE
02/08/06-80087-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
PDS
NAME
HINTON, HAROLD N.
STREET ADDRESS
11580 OKEECHOBEE ROAD
CITY - ST - ZIP
FT. PIERCE, FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-06

772-465-226