

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J17937

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: DON HINKLE CONSTRUCTION, INC.

**Current Principal Place of Business:**

% DON HINKLE  
4305 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982

**New Principal Place of Business:**

**Current Mailing Address:**

% DON HINKLE  
4305 SOUTH INDIAN RIVER DRIVE  
FORT PIERCE, FL 34982

**New Mailing Address:**

FEI Number: 59-2692435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HINKLE, DON  
4305 SOUTH INDIAN RIVER DRIVE  
FORT 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: PSTD ( ) Delete  
Name: HINKLE, DON  
Address: 4305 S. INDIAN RIVER DR.  
City-St-Zip: FORT PIERCE, FL 34982

Title: VPS ( ) Delete  
Name: HINKLE, LINDA  
Address: 4305 S. INDIAN RIVER DR.  
City-St-Zip: FORT PIERCE, FL 34982

Title: TRS ( ) Delete  
Name: HINKLE, CHAD R  
Address: 4305 S INDIAN RIVER DR  
City-St-Zip: FORT PIERCE, FL 34982

**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: DONALD HINKLE

PSTD

04/19/2009

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

\_\_\_\_\_  
Date