

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51382

**FILED**  
**Feb 13, 2009**  
**Secretary of State**

**Entity Name:** HINES PLASTERING AND STUCCO, INC.

**Current Principal Place of Business:**

% BUFORD T. HINES  
3907 SOUTH WEST MOORES STREET  
PALM CITY, FL 34990

**New Principal Place of Business:**

3907 SOUTH WEST MOORES STREET  
PALM CITY, FL 34990 US

**Current Mailing Address:**

% BUFORD T. HINES  
3907 SOUTH WEST MOORES STREET  
PALM CITY, FL 34990

**New Mailing Address:**

3907 SOUTH WEST MOORES STREET  
PALM CITY, FL 34990 US

**FEI Number:** 59-2770788

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINES, BUFORD T.  
3907 SOUTH WEST MOORES STREET  
PALM CITY, FL 34990 US

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

HINES, DIANE  
3907 SOUTH WEST MOORES STREET  
PALM CITY, FL 34990 US

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: DIANE HINES

02/13/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HINES, BUFORD T.,  
Address: 3907 S. WEST MOORES ST.  
City-St-Zip: PALM CITY, FL,,

Title: D (X) Delete  
Name: HINES, DIANE,  
Address: 3907 S. WEST MOORES ST.  
City-St-Zip: PALM CITY, FL

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

Title: D (X) Change ( ) Addition  
Name: HINES, DIANE D  
Address: 3907 S. WEST MOORES ST.  
City-St-Zip: PALM CITY,, FL 34990 US

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: DIANE HINES

D

02/13/2009

Electronic Signature of Signing Officer or Director

Date