

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000000815

**FILED**  
**Feb 02, 2011**  
**Secretary of State**

**Entity Name:** HINSON & ASSOCIATES OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

2925 AMELIA BLUFF DR.  
JACKSONVILLE, FL 32226

**New Principal Place of Business:**

740 LAURA ST  
STARKE, FL 32091

**Current Mailing Address:**

2925 AMELIA BLUFF DR.  
JACKSONVILLE, FL 32226

**New Mailing Address:**

740 LAURA ST  
STARKE, FL 32091

**FEI Number:** 59-3689287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HINSON, DOUGLAS  
2925 AMELIA BLUFF DRIVE  
JACKSONVILLE, FL 32226 US

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

HINSON, DOUGLAS  
740 LAURA ST  
STARKE, FL 32091 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: DOUGLAS HINSON

02/02/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: HINSON, DOUGLAS  
Address: 740 LAURA ST  
City-St-Zip: STARKE, FL 32091

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS HINSON

PSTD

02/02/2011

Electronic Signature of Signing Officer or Director

Date