2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000019564

1. Entity Name HINSON-KENNARD, INC.

Principal Place of Business

4720 SALISBURY ROAD, #48 JACKSONVILLE, FL 32256



Mailing Address

4720 SALISBURY ROAD, #48 JACKSONVILLE, FL 32256

FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90451 026 ***150.00

20012401



03212006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3703168

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HINSON, DAVID 4720 SALISBURY ROAD, #48 JACKSONVILLE, FL 32256

DO	TON	WRITE
N	THIS	SPACE

	,		1. 4 P			
	named entity submits this statement for the pions of registered agent:	urpose of changing its registered of	office or r	registered agent, or both,	in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title it	f ennilicatio (NOTE: Registered AA	ent signeture	e required when reinstating)	DATE	
	digitatine, types or printed name or registered again, the times	(No III regulates y	. anginaran	, and a second s		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financin Trust Fund Contribution:		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HINSON, DAVID 4720 SALISBURY ROAD, #48 JACKSONVILLE, FL 32256					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS						

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 attack that my name appears with all other like empowered.

CICALATUDE.

3-21.2006

904-493-6174