

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046414

FILED
Feb 21, 2006
Secretary of State

Entity Name: HINES/IRVIN DEVELOPMENT CORPORATION

Current Principal Place of Business:

1084 SE 58TH AVE
OCALA, FL 34471

New Principal Place of Business:

15815 SE 105TH TERRACE
SUMMERFIELD, FL 34491 US

Current Mailing Address:

1084 SE 58TH AVE
OCALA, FL 34471

New Mailing Address:

15815 SE 105TH TERRACE
SUMMERFIELD, FL 34491 US

FEI Number: 59-3720924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRVIN, SAMUEL L
1084 SE 58TH AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

IRVIN, SAMUEL L
15815 SE 105TH TERRACE
SUMMERFIELD, FL 34491 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:

02/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: IRVIN, SAMUEL L
Address: 1084 SE 58TH AVE
City-St-Zip: OCALA, FL 34471

Title: DVS () Delete
Name: HINES, T STEPHEN
Address: 2119 PINE ROAD
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: IRVIN, SAMUEL L
Address: 15815 SE 105TH TERRACE
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SAM L. IRVIN

DPT

02/21/2006

Electronic Signature of Signing Officer or Director

Date