

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046414

**FILED**  
**Jan 03, 2007**  
**Secretary of State**

**Entity Name:** HINES/IRVIN DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

15815 SE 105TH TERRACE  
SUMMERFIELD, FL 34491 US

**New Principal Place of Business:**

16850 S HWY 441  
304  
SUMMERFIELD, FL 34491 US

**Current Mailing Address:**

15815 SE 105TH TERRACE  
SUMMERFIELD, FL 34491 US

**New Mailing Address:**

16850 S HWY 441  
304  
SUMMERFIELD, FL 34491 US

**FEI Number:** 59-3720924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

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

IRVIN, SAMUEL L  
16850 S HWY 441  
304  
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:**

01/03/2007

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

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

**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:** 16850 S HWY 441 #304  
**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:** SAMUEL L IRVIN

DPT

01/03/2007

Electronic Signature of Signing Officer or Director

Date