2008 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 17, 2008 08:00 AN Secretary of State DOCUMENT # P02000066630 HINKLE ENTERPRISES, INC. Mailing Address Principal Place of Business 5304 HARBOR RD NW 4762 CORTEZ RD W BRADENTON, FL 34210 BRADENTON, FL 34209 CR2E034 (11/05) 04012008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0620655 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HINKLE, NANCY A DO NOT WRITE 5304 HARBOR RD NW BRADENTON, FL 34209 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: typed or printed name of registered agent and title if applicable. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees U00000902438 OFFICERS AND DIRECTORS 10. 04/30/08-80006-003 150.00 D TITLE HINKLE, NANCY A NAME 5304 HARBOR RD. NW STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 TIM F NAME STREET ADDRESS CITY-ST-ZIP TΠIF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 attachnest with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

91-962-4306

FILED