


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P03000126234</b>		
1. Entity Name <b>HINES HARDWOOD FLOORING, INC.</b>		
Principal Place of Business <b>30811 ALCREST AVENUE MT. PLYMOUTH, FL 32776 US</b>		Mailing Address <b>30811 ALCREST AVENUE MT. PLYMOUTH, FL 32776 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>ROGERS, EDGAR A 30825 ALCREST AVE. MT. PLYMOUTH, FL 32776</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 <u><i>Ed Rogers</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/26/06</u>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	P	
NAME	HINES, MICHAEL G	
STREET ADDRESS	30811 ALCREST AVENUE	
CITY-ST-ZIP	MT. PLYMOUTH, FL 32776	
TITLE	TRES	
NAME	HINES, MARY M	
STREET ADDRESS	30811 ALCREST AVENUE	
CITY-ST-ZIP	MT. PLYMOUTH, FL 32776	
TITLE	S	
NAME	NORVELL, JASON	
STREET ADDRESS	25343 CARNOLLSTIE DRIVE	
CITY-ST-ZIP	MOUNT PLYMOUTH, FL 32776	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 attachment with an address with all other life empowered.		
SIGNATURE: <u><i>Michael Hines</i></u> Pres. <u>4/26/06</u> <u>352-636-0902</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2412342</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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05/17/06-80052-008 150.00