## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** DOCUMENT # P03000140963 Mar 02, 2006 08:00 AN 1. Entity Name **Secretary of State** HINSON FLOORS, INC. Principal Place of Business Mailing Address 1224 EAGLE BEND CT JACKSONVILLE FL 32226 1224 EAGLE BEND CT JACKSONVILLE FL 32226 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 20-0481454 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HINSON, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1224 EAGLE BEND CT JACKSONVILLE FL 32226 City Z<sub>1</sub>p Code 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 (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition Change HINSON, MICHAEL H0000454003 NAME NAME 78/14/16 80045-002 150.00 STREET ADDRESS 12224 EAGLE BEND CT STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32226 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME HINSON, VICKI NAME STREET ADDRESS 12224 EAGLE BEND CT STREET ADDRESS CITY-ST-ZIF JACKSONVILLE FL 32226 CITY - ST - ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TRUE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Daytime Phone #

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

if changed, or on an attachment with an address, with all other like empowered.