

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90024 036 \*\*\*150.00

<b>DOCUMENT # P03000157503</b>	
1. Entity Name <b>DARWIN HINTHORN, INC.</b>	

Principal Place of Business <b>68 QUAIL CT 23 Swift Pass CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>68 QUAIL CT 23 Swift Pass CRAWFORDVILLE, FL 32327</b>
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**50004489**



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02172006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0526214</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
<b>HINTHORN, DARWIN W</b> <b>#68 QUAIL COURT 23 Swift Pass</b> <b>CRAWFORDVILLE, FL 32327</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State <b>FL</b> Zip 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 *Lisa Hinthorn* (NOTE: Registered Agent signature required when reinstating) DATE 2-20-06

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HINTHORN, DARWIN</b> <b>68 QUAIL CT 23 Swift Pass</b> <b>CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HINTHORN, LISA</b> <b>68 QUAIL CT 23 Swift Pass</b> <b>CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BOUCHARD, ROBERT</b> <b>P. O. BOX 886</b> <b>CRAWFORDVILLE, FL 32327</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WAITS, JOEY K</b> <b>2 DESTINY LANE</b> <b>CRAWFORDVILLE, FL 32327</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 like empowered.

SIGNATURE: *Lisa Hinthorn* *Lisa Hinthorn* 2-20-06 850-926-2368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #