

2007 FOR-PROFIT CORPORATION ANNUAL REPORT

9/7/2007-90002-040-\$558.75-\$558.75

DOCUMENT # P05000117501

1. Entity Name
SJ HINES CONSTRUCTION, INC.



Principal Place of Business
15438 75 LANE NORTH
LOXATCHEE, FL 33470

Mailing Address
15438 75 LANE NORTH
LOXATCHEE, FL 33470

FILED
07 OCT 11 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08302007 No Chg-P CR2E034 (11/05)

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4. FEI Number
03-0568301

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**DO NOT WRITE
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.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

08/12/2007-1:00:00 PM

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD.
HINES, STEVEN J
15438 75 LANE NORTH
LOXATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HINES, LORI
15438 75 LANE NORTH
LOXATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Handwritten signature

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Handwritten signature of Steven J. Hines
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten initials
Date

Daytime Phone