

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000014950

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** HINOTES SEAMLESS GUTTERS, INC.

**Current Principal Place of Business:**

507 SW 19TH LANE  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

507 SW 19TH LANE  
CAPE CORAL, FL 33991

**New Mailing Address:**

**FEI Number:** 20-4230132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALL FLORIDA FIRM INC  
813 DELTONA BLVD STE A  
DELTONA, FL 32725 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** HINOTE, ROBERT  
**Address:** 507 SW 19TH LANE  
**City-St-Zip:** CAPE CORAL, FL 33991

**Title:** OFF.  
**Name:** HINOTE, ROBYN  
**Address:** 507 SW 19TH LN  
**City-St-Zip:** CAPE CORAL, FL 33991 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERT HINOTE

PRES

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date