
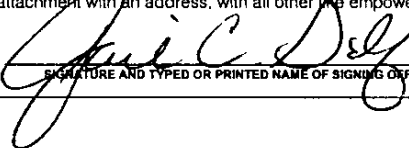


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90185 011 ***150.00

DOCUMENT # P16984					
1. Entity Name HYNES INC.					
Principal Place of Business 6525 MORRISON BOULEVARD SUITE 418 CHARLOTTE, NC 28211			Mailing Address 6525 MORRISON BOULEVARD SUITE 418 CHARLOTTE, NC 28211		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-0506777	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JACKSON, HENRY C III	NAME			
STREET ADDRESS	3729 COREY PL NW	STREET ADDRESS	2706 44th St. NW		
CITY-ST-ZIP	WASHINGTON, DC 20016	CITY-ST-ZIP	Washington, DC 20007		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENE, JOHN E.	NAME			
STREET ADDRESS	3105 FOXRIDGE ROAD	STREET ADDRESS	7406 Wisely Rd.		
CITY-ST-ZIP	CHARLOTTE, NC 28226	CITY-ST-ZIP	Charlotte, NC 28226		
TITLE	AVAS <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THREATT, DIANE C	NAME			
STREET ADDRESS	7027 SARANAC LN	STREET ADDRESS			
CITY-ST-ZIP	MATTHEWS, NC 28105	CITY-ST-ZIP			
TITLE	VPAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SELF, GAIL	NAME			
STREET ADDRESS	5067 DAFFODIL LANE	STREET ADDRESS			
CITY-ST-ZIP	CONCORD, NC 28025	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PINSON, TRACY L	NAME			
STREET ADDRESS	PO BOX 1477	STREET ADDRESS			
CITY-ST-ZIP	BUSHNELL, FL 33513	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GELINAS, PHILIP A	NAME			
STREET ADDRESS	9 MICHAEL WAY	STREET ADDRESS			
CITY-ST-ZIP	ACUSHNET, MA 02743	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 names empowered.					
SIGNATURE: 			Date: 4/24/07 Daytime Phone #: 704-365-1220 x310		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					