2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 15, 2008 08:00 A DOCUMENT # P96000077622 Secretary of State 1. Entity Name HINOTE COMMONS, INC. Principal Place of Business Mailing Address 43 LAIRD RD 43 LAIRD RD CRESTVIEW, FL 32539 CRESTVIEW, FL 32539 CR2E034 (11/05) 01082008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3400234 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PERMENTER, R. DOUGLAS DO NOT WRITE 282 PLANTATION HILL RD GULF BREEZE, FL 32561 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. DATE Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regured when reinstating) U00000785139 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/16/08-80084-009 15n.lm Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE PERMENTER, ROBERT D 282 PLANTATION HILL RD STREET ADDRESS CITY-ST-ZIP GULF BREEZE, FL 32561 SD PERMENTER, ELIZABETH A NAME STREET ADDRESS 236 SABINE DR PENSACOLA BEACH, FL 32561 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CiTY-ST-ZIP NAME STREET ADDRESS

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 attachm address, with all other like empowered

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

/14/08

850-892-2103