


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 23, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P97000031749</b> 1. Entity Name <b>HINRICHS CONSTRUCTION, INC.</b>	
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Principal Place of Business <b>1659 S FREDERICA AVE CLEARWATER, FL 33756 US</b>	Mailing Address <b>1659 S FREDERICA AVE CLEARWATER, FL 33756 US</b>
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05192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3444798</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>HINRICHS, SCOTT D 1659 S FREDERICA AVE CLEARWATER, FL 33756</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)  
Signature, typed or printed name of registered agent and title if applicable

1000000367970  
05/23/05 0000000000 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

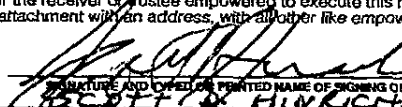
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HINRICHS, SCOTT D 1659 FRDERICA DR CLEARWATER, FL 33756</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

  
SCOTT D. HINRICHS, PRESIDENT

5/19/05 727-584-0595  
Date Daytime Phone #