


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State


03-15-2005 90032 042 ***150.00

| | |
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| DOCUMENT # P97000109157 |  |
| 1. Entity Name HINOTE INVESTMENT GROUP, INC. | |

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| Principal Place of Business 6100 WEST FAIRFIELD STE A PENSACOLA FL 32506 | Mailing Address P.O. BOX 3633 PENSACOLA FL 32516 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address 10289 Bowman Ave. Suite, Apt. #, etc. |
|---|---|

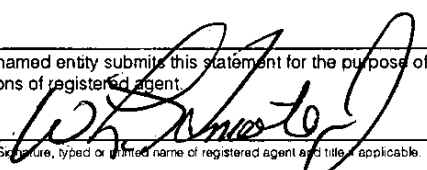
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|--------------------------------------|--------------------------------------|
| City & State Pensacola, FL | City & State Pensacola, FL |
| Zip 32534 | Country USA |


1st MOORE CR2E034 (10/04)

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|--|--|
| 5. Name and Address of Current Registered Agent HINOTE, WILLIAM L JR 1161 PARK LANE GULF BREEZE FL 32561 | |
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| 4. FEI Number 59-3484011 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent Name Hinote, William L., Jr. (Same) Street Address (P.O. Box Number is Not Acceptable) 10289 Bowman Ave City Pensacola FL Zip Code 32534 | |

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  DATE **3-10-05**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---------------------------------|
| TITLE PV | <input type="checkbox"/> Delete |
| NAME HINOTE, WILLIAM L JR | |
| STREET ADDRESS 1161 PARK LN | |
| CITY-ST-ZIP GULF BREEZE FL 32561 | |
| TITLE S | <input type="checkbox"/> Delete |
| NAME HINOTE, DONNA R | |
| STREET ADDRESS 1161 PARK LN | |
| CITY-ST-ZIP PENSACOLA FL 32561 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE PV (Same) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Hinote, William L., Jr (Same) | |
| STREET ADDRESS 10289 Bowman Ave. | |
| CITY-ST-ZIP Pensacola, FL 32534 | |
| TITLE S (Same) | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME Hinote, Donna R. (Same) | |
| STREET ADDRESS 10289 Bowman Ave. | |
| CITY-ST-ZIP Pensacola, FL 32534 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE **3-11-05** (850) 476-8384

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR