


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P98000037404 1. Entity Name DAVID HINKLEY & ASSOCIATES INCORPORATED |  |
|--|---|



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 59-3030474 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

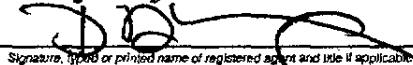
6. Name and Address of Current Registered Agent

HINKLEY, DAVID
5005 SCAFF RD.
SAINT AUGUSTINE, FL 32086

**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 reinstalling)

DATE

3/20/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

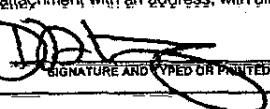
| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P HINKLEY, DAVID 5005 SCAFF RD SAINT AUGUSTINE, FL 32086 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP STEVENS, MALCOM 126 14TH ST SAINT AUGUSTINE, FL 32084 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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04/04/05-80082-015 150.00

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:



D.A. Hinkley Pres

3/20/05 9048246093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone