


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



Principal Place of Business
 5005 SCAFF RD
 SAINT AUGUSTINE, FL 32086

Mailing Address
 5005 SCAFF RD
 SAINT AUGUSTINE, FL 32086

DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

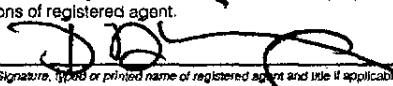
4. FEI Number 59-3030474	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 3/20/05

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

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
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 04/04/05-80082-015 150.00

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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 #