

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000039819
1. Entity Name
HINDLE ENTERPRISES, INC.



Principal Place of Business: 2611 CRAWFORDVILLE HWY. CRAWFORDVILLE, FL 32327 US
Mailing Address: 2611 CRAWFORDVILLE HWY. CRAWFORDVILLE, FL 32327 US

DO NOT WRITE IN THIS SPACE



07122005 No Chg-P CR2E034 (10/03)
4. FEI Number: 59-3511546 Applied For: Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HINDLE, KURT
2611 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327

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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 reinstating)
U00000373818
07/20/05-80007-017 150.00
DATE

**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.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	HINDLE, KURT
STREET ADDRESS	2611 CRAWFORDVILLE HIGHWAY
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	VS
NAME	HINDLE, KARL
STREET ADDRESS	2611 CRAWFORDVILLE HIGHWAY
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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: Kurt Hindle **KURT HINDLE** 7-19-05 850 445 4322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #