## 2007 FOR PROFIT CORPORATION. **ANNUAL REPORT (AR)**

## Apr 27, 2007 8:00 am Secretary of State DOCUMENT # P99000052294 04-27-2007 90190 029 \*\*\*150.00 HINSON BUILDING CORPORATION Principal Place of Business Mailing Address 540 48TH STREET COURT EAST BRADENTON FL 34208 540 48TH STREET COURT EAST BRADENTON FL 34208 2. Principal Place of Business - Not P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 58-1868992 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HINSON, JOHN M 540 48TH STREET COURT EAST Street Address (P.O. Box Number is Not Acceptable) **BRADENTON FL 34208** City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IIIŒ ☐ Delete ПLE X Change ☐ Addition HINSON, JOHN M NAME NAME Hinson, John M. 540 48TH STREET COURT EAST STREET ADDRESS STREET ADORESS 540 48th Street Court East **BRADENTON FL 34208** CITY-ST-7IP CITY-ST-ZIP Bradenton, FL 34208 TITLE ☐ Delete TITLE Addition PFEIFFER, DAVID J NAME NAME Pfeiffer, David J. 540 48TH STREET COURT EAST STREET ADDRESS STREET ADDRESS 540 48th Street Court East BRADENTON FL 34208 GITY-ST-ZIP CITY - ST- ZIP Bradenton, FL 34208 ☐ Defete HILE Change ■ Addition ---ME STREET ADDRESS STREET ADDRESS 177 ST ZIP CITY-SI-ZIP 16 me Delete ☐ Change Addition ·Æ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THIE ☐ Detete HUE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP TULF ☐ Defete ME ☐ Change ☐ Addi¹ion NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP

**FILED** 

SIGNATURE: (941)746-4848 GOFFICER OR DIRECTOR John M. Hinson Daytime Phon:: #

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutos. 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 Statutos; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like ompoyered.