2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000052294

FILED Nov 19, 2008 Secretary of State

Entity Nai	me: HINSON	BUILDING CORPORATION					
Current Principal Place of Business:				New Principal Place of Business:			
540 48TH STREET COURT EAST BRADENTON, FL 34208				12830 STATE ROAD 62 PARRISH, FL 34219			
Current Mailing Address:				New Mailing Address:			
540 48TH STREET COURT EAST BRADENTON, FL 34208				12830 STATE ROAD 62 PARRISH, FL 34219			
FEI Number	: 58-1868992	FEI Number Applied For()	FEI Numl	ber Not Appli	cable ()	Certific	ate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HINSON, JOHN M 540 48TH STREET COURT EAST BRADENTON, FL 34208 US				HAWKINS, JOHN D 1023 MANATEE AVE. W. SUITE 100 BRADENTON, FL 34205 US			
The above in the State	named entity s e of Florida.	submits this statement for the p	ourpose of	changing it	s registered of	fice or	registered agent, or both,
SIGNATURE: JOHN D. HAWKINS							11/19/2008
	Electron	iic Signature of Registered Agલ	ent				Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HINSON, JOHN	EET COURT EAST	1	Title: Name: Address: City-St-Zip:	D (X) HINSON, LISA 12830 STATE R PARRISH, FL 3	OAD 62	() Addition
Title: Name: Address: City-St-Zip:	PFEIFFER, DA	EET COURT EAST	1	Title: Name: Address: City-St-Zip:	()	Change	() Addition
Title: Name: Address: City-St-Zip:	()	Delete	1	Title: Name: Address: City-St-Zip:	V () HINSON, LISA 12830 STATE R PARRISH, FL 3	OAD 62	(X) Addition
Title: Name: Address: City-St-Zip:	()	Delete	1	Title: Name: Address: City-St-Zip:	S () HINSON, LISA 12830 STATE R PARRISH, FL 3	OAD 62	(X) Addition
Title: Name: Address: City-St-Zip:	()	Delete	1	Title: Name: Address: City-St-Zip:	T () HINSON, LISA 12830 STATE R PARRISH, FL 3	OAD 62	(X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA HINSON 11/19/2008 D