


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90056 022 \*\*\*150.00

DOCUMENT # P99000070675

1. Entity Name  
 C.D. HINGSON PLUMBING, INC.



Principal Place of Business  
 20-A KNIGHT BOXX RD., #107  
 ORANGE PARK, FL 32065

Mailing Address  
 20-A KNIGHT BOXX RD., #107  
 ORANGE PARK, FL 32065

24050000



2. Principal Place of Business  
 1029 Blanding Blvd.  
 Suite, Apt. #, etc.  
 Unit 706  
 City & State  
 Orange Park, FL  
 Zip  
 32065 Country

3. Mailing Address  
 1029 Blanding Blvd.  
 Suite, Apt. #, etc.  
 Unit 706  
 City & State  
 Orange Park, FL  
 Zip  
 32065 Country

04022004 Chg-P CR2E034 (10/03)

4. FEI Number  
 59-3090638 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HINGSON, CHARLES D JR  
 4021 WHITE BARK PLANTATION DR.  
 MIDDLEBURG, FL 32068

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>HINGSON, CHARLES D JR<br>4021 WHITE BARK PLANTATION DR.<br>MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HINGSON, MARGUERITE E<br>4021 WHITE BARK PLANTATION DR.<br>MIDDLEBURG, FL 32068 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Charles D. Hingson Jr. Charles D. Hingson Jr. 4-5-4 904-213-4010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #