


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F0300005747**  
 1. Entity Name  
**HINES & ASSOCIATES, INC.**



Principal Place of Business      Mailing Address  
**115 E. HIGHLAND AVE**      **115 E. HIGHLAND AVE**  
**ELGIN, IL 60120**      **ELGIN, IL 60120**

**DO NOT WRITE IN THIS SPACE**



04192005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>36-3545085</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**KERRINS, KATHLEEN**  
**11994 LAKE ALLEN DRIVE**  
**LARGO, FL 33773**

**DO NOT WRITE IN THIS SPACE**

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 reappointing)      DATE \_\_\_\_\_

**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

U00000328796  
 04/25/05-80091-022 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDPS HINES, JUDITH C 115 E. HIGHLAND AVE ELGIN, IL 60120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HINES, JUDITH C 115 E. HIGHLAND AVE ELGIN, IL 60120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZURBLIS, EILEEN ON488 BAKER DRIVE GENEVA, IL 60134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:** *Eileen Zurblis Eileen Zurblis EUPD*    *4/20/05*    *847-741-1386*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #