2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# P00000014582

Entity Name: HINES PROPERTY TAX CONSULTING, INC.

Current Principal Place of Business:

2909 BAY TO BAY BLVD
SUITE 408
TAMPA, FL 33629

New Principal Place of Business:

610 SOUTH ALBANY AVENUE
TAMPA, FL 33606

Current Mailing Address:

2909 BAY TO BAY BLVD
SUITE 408
TAMPA, FL 33629

New Mailing Address:

610 SOUTH ALBANY AVENUE
TAMPA, FL 33606

FEI Number: 59-3627562 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HINES, CHRISTOPHER E
30751 ALCREST AVE
MT. PLYMOUTH, FL 32776

Name and Address of New Registered Agent:

HINES, CHRISTOPHER E
909 HELEN STREET
MT. DORA, FL 32757

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.

SIGNATURE: 04/08/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HINES, CHRISTOPHER E
Address: 30751 ALCREST AVE
City-St-Zip: MT. PLYMOUTH, FL 32776

Title: D ( ) Delete
Name: HINES, APRIL A
Address: 30751 ALCREST AVE
City-St-Zip: MT. PLYMOUTH, FL 32776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HINES, CHRISTOPHER E
Address: 909 HELEN STREET
City-St-Zip: MT. DORA, FL 32757

Title: D (X) Change ( ) Addition
Name: HINES, APRIL A
Address: 909 HELEN STREET
City-St-Zip: MT. DORA, FL 32757

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER E. HINES D 04/08/2004
Electronic Signature of Signing Officer or Director — Date