

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-18-2004 90002 022 ***150.00

DOCUMENT # P03000088463*	
1. Entity Name HINES & ASSOCIATES APPRAISALS INC.	

Principal Place of Business 3600 N. STATE ROAD 7 SUITE 351 MIRAMAR FL 33023 US	Mailing Address 3600 N. STATE ROAD 7 SUITE 351 MIRAMAR FL 33023 US
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00400100



MOORE CR2E034 (11/03)

2. Principal Place of Business 3600 S. STATE ROAD 7 Suite, Apt. #, etc. 351 City & State MIRAMAR FLORIDA Zip 33023 Country US	3. Mailing Address 3600 S. STATE ROAD 7 Suite, Apt. #, etc. 351 City & State MIRAMAR FLORIDA Zip 33023 Country US
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4. FEI Number 06-1704825	☐ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEGALZOOM NEVADA, INC. 111 N.E. FIRST STREET SUITE 901 MIAMI FL 33132
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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.

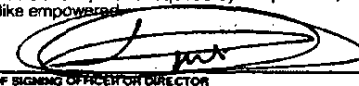
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE PRES NAME HINES, HAROLD P STREET ADDRESS 3600 N. STATE ROAD 7, SUITE 351 CITY-ST-ZIP MIRAMAR FL 33023	☐ Delete
TITLE TREA NAME HINES, ANDRE P STREET ADDRESS 3600 N. STATE ROAD 7, SUITE 351 CITY-ST-ZIP MIRAMAR FL 33023	☐ Delete
TITLE SECR NAME HINES, NATALIE L STREET ADDRESS 3600 N. STATE ROAD 7, SUITE 351 CITY-ST-ZIP MIRAMAR FL 33023	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS 3600 S. STATE ROAD 7 CITY-ST-ZIP MIRAMAR FL 33023	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS 3600 S. STATE ROAD 7 CITY-ST-ZIP MIRAMAR FL 33023	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS 3600 S. STATE ROAD 7 CITY-ST-ZIP MIRAMAR FL 33023	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Harold P. Hines  02/04 934-993-9163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone