2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90042 019 ***158.75

DOCUMENT # P04000158178

1. Entity Name
THE HINE GROUP, INC.

Principal Place of Business	Mailing Address
22050 S TAMIAMI TR ESTERO, FL 33928	3200 TAMIAMI TRAIL NORTH SUITE 200 NAPLES, FL 34103

01182008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
9220 Bonita Beach Rd			
Suite, Apt. #, etc. Suite 221		Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State	
Zip 34135	Country US	Zip	Country

4. FEI Number 20-1906678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LADEMAN, CARRIE E
3200 TAMIAMI TRAIL NORTH SUITE 200
NAPLES, FL 34103

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____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	PVST	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HINE, RICHARD J		NAME		
STREET ADDRESS	220 S TAMIAMI TR		STREET ADDRESS	9220 Bonita Beach Rd	
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HINE, RICHARD J		NAME		
STREET ADDRESS	220 S TAMIAMI TR		STREET ADDRESS	9220 Bonita Beach Rd	
CITY-ST-ZIP	ESTERO, FL 33928		CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Richard J. Hine 1/21/2008 540-383-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard J. Hine, President