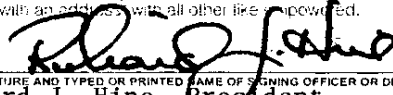


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 22050 S TAMIAMI TR ESTERO, FL 33928			Mailing Address 3200 TAMIAMI TRAIL NORTH SUITE 200 NAPLES, FL 34103		
2. Principal Place of Business - No P.O. Box # 9220 Bonita Beach Rd		3. Mailing Address Suite, Apt. #, etc. Suite 221			
City & State Bonita Springs, FL		City & State Naples, FL		4. FEI Number 20-1906678	
Zip 34135		Country US		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 _____ 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, not applicable. (NOTE: Registered Agent signature required for an amendment)					
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 NAME STREET ADDRESS CITY - ST - ZIP	PVST HINE, RICHARD J 220 S TAMIAMI TR ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY - ST - ZIP	9220 Bonita Beach Rd Bonita Springs, FL 34135	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HINE, RICHARD J 220 S TAMIAMI TR ESTERO, FL 33928		TITLE NAME STREET ADDRESS CITY - ST - ZIP	9220 Bonita Beach Rd Bonita Springs, FL 34135	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____		TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 619, 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 information.					
SIGNATURE:  Richard J. Hine, President			1/21/2008 540-393-5000		