


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # H16200 1. Entity Name RINKER MACHINERY, INC.																												
Principal Place of Business 1009 E SKAGWAY AVE TAMPA, FL 33604	Mailing Address 1009 E SKAGWAY AVE TAMPA, FL 33604																											
DO NOT WRITE IN THIS SPACE																												
6. Name and Address of Current Registered Agent RINKER, TERRY JON 8210 STONER HILLS DR. RIVERVIEW, FL 33569		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 reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>																												
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	10. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td>PD</td> </tr> <tr> <td>NAME</td> <td>RINKER, TERRY JON</td> </tr> <tr> <td>STREET ADDRESS</td> <td>8210 STONER HILLS DR</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>RIVERVIEW, FL 33569</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>	TITLE	PD	NAME	RINKER, TERRY JON	STREET ADDRESS	8210 STONER HILLS DR	CITY- ST- ZIP	RIVERVIEW, FL 33569																		
TITLE	PD																											
NAME	RINKER, TERRY JON																											
STREET ADDRESS	8210 STONER HILLS DR																											
CITY- ST- ZIP	RIVERVIEW, FL 33569																											
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: <u><i>Terry Rinker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-23-06 813-935-16872 <small>Date Daytime Phone #</small>																										



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2456939	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE
IN THIS SPACE