


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # K55998 1. Entity Name REINCO INC.	
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Principal Place of Business 340 FIFTH AVENUE S. SUITE 200 NAPLES, FL 34102 US	Mailing Address 340 FIFTH AVENUE S. SUITE 200 NAPLES, FL 34102 US
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0092457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANZINGER, BARBARA A  
 340 FIFTH AVENUE S  
 SUITE 200  
 NAPLES, FL 34102

**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:  Barbara A. Lanzinger 2/3/04  
Signature (typed or printed name of registered agent and date if applicable) NOTE: Registered Agent signature required when reinstating! DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**


9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MEFTAH, MICHAEL 340 FIFTH AVENUE, S, SUITE 200 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MEFTAH, PATRICIA M 340 FIFTH AVENUE, S SUITE 200 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LANZINGER, BARBARA A 340 FIFTH AVENUE S, SUITE 200 NAPLES, FL 34102
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 02/06/04-80140-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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:  Patricia M. Meftah 2/3/04 239-434-6446  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #