

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # K55998

1. Entity Name
 REINCO INC.



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



01202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0092457 Applied For
 Not Applicable

5. Certificate of Status Desired \$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

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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,
Signature, typed or printed name of agent, and title if applicable
 Controller

[Handwritten Signature]

1/23/06
DATE

(NOTE: Registered Agent signature required when filing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE DP
 NAME MEFTAH, MICHAEL
 STREET ADDRESS 340 FIFTH AVENUE, S, SUITE 200
 CITY-ST-ZIP NAPLES, FL 34102

TITLE DVP
 NAME MEFTAH, PATRICIA M
 STREET ADDRESS 340 FIFTH AVENUE, S SUITE 200
 CITY-ST-ZIP NAPLES, FL 34102

TITLE ST
 NAME LANZINGER, BARBARA A
 STREET ADDRESS 340 FIFTH AVENUE S, SUITE 200
 CITY-ST-ZIP NAPLES, FL 34102

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
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 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

100000400330
 02/01/06-80048-016 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/06 8394346446