

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55998

Entity Name: REINCO INC.

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

340 FIFTH AVENUE S.  
SUITE 200  
NAPLES, FL 34102 US

**New Principal Place of Business:**

**Current Mailing Address:**

340 FIFTH AVENUE S.  
SUITE 200  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 65-0092457      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DROGUE, LINDA K  
340 FIFTH AVENUE S  
SUITE 200  
NAPLES, FL 34102 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MEFTAH, MICHAEL  
Address: 340 FIFTH AVENUE, S, SUITE 200  
City-St-Zip: NAPLES, FL 34102

Title: DVP ( ) Delete  
Name: MEFTAH, PATRICIA M  
Address: 340 FIFTH AVENUE, S SUITE 200  
City-St-Zip: NAPLES, FL 34102

Title: ST ( ) Delete  
Name: DROGUE, LINDA K  
Address: 340 FIFTH AVENUE S, SUITE 200  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MEFTAH MD

DP

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date