

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2008 08:00 A
Secretary of State

DOCUMENT # P01000010516

1. Entity Name
RELIN, INC.



Principal Place of Business
**1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168**



02052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3732845

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JONASSON, REYNIR
1089 RED MAPLE WAY
NEW SMYRNA BEACH, FL 32168**

**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

ic jomahy PD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

**000000847117
03/15/08-80003-023 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME JONASSON, REYNIR
STREET ADDRESS 1089 RED MAPLE WAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE VD
NAME REYNISSON, THORHALLUR H
STREET ADDRESS VIDIGRUND 53
CITY-ST-ZIP 200 KIPAVOGUR, ICELAND,

TITLE D
NAME BJARNASON, GUNNAR O
STREET ADDRESS EIKARASI 4
CITY-ST-ZIP 210 GARDABAER, ICELAND,

TITLE D
NAME REYNISSON, JONAS
STREET ADDRESS GLITVANGI 31
CITY-ST-ZIP 220 HAFNAFJORDUR ICELAND,

TITLE D
NAME JONASSON, ELIN
STREET ADDRESS 1089 RED MAPLE WAY
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32168

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *ic jomahy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

x 02.26.08