


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 405290</b> 1. Entity Name <b>DR. JACK REINHARDT INC.</b>	
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Principal Place of Business <b>130 N JOHN YOUNG PKWY ORLANDO, FL 32805 US</b>	Mailing Address <b>130 N JOHN YOUNG PKWY ORLANDO, FL 32805 US</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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01112008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1406130</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>REINHARDT, RICK 1702 WATERWITCH DR ORLANDO, FL 32806</b>
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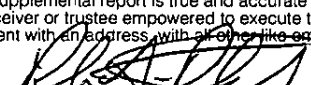
<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation...
SIGNATURE: _____
applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REINHARDT, KATHRYN 2504 GATLIN AVE ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINHARDT, RICK 1702 WATERWITCH DR ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REINHARDT, JAMES 1741 LAKE GROVE LN ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000839838 03/06/08-80023-025 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.		
<b>SIGNATURE:</b> 	<b>2-19-08</b>	<b>407-422-3641</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #