2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 423962

1. Entity Name
RINER LAYOUT CO

Principal Place of Business	Mailing Address
505 STATE ROAD 542, EAST DUNDEE, FL 33838	PO BOX 770 DUNDEE, FL 33838

DO NOT WRITE IN THIS SPACE

03162006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-1453786	Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

RINER, JEFFREY N.
505 STATE RD 542 EAS T
DUNDEE, FL

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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 _____

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, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U000000472988 03/30/06-80016-022 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	RINER, JEFFREY N
STREET ADDRESS	402 LAKE MENZIE BLVD
CITY-ST-ZIP	DUNDEE, FL 33838

TITLE	ST
NAME	RINER, LINDA R.
STREET ADDRESS	412 EIGHT STREET, SOUTH
CITY-ST-ZIP	DUNDEE, FL 33838

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Jeffrey N. Riner_   JEFFREY N. RINER   PRESIDENT   03-17-06   863-439-2604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #