

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # 455927

1. Entity Name
RINES MARKET, INC.



Principal Place of Business
**15500 SW TRAIL DRIVE
P.O. BOX 307
INDIANTOWN, FL 34956-3510 US**

Mailing Address
**15500 SW TRAIL DRIVE
P.O. BOX 307
INDIANTOWN, FL 34956-3510 US**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1549988

Applied For
☐ Not Applicable

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

8. Name and Address of Current Registered Agent

**RINES, FRANCIS L
15500 SW TRAIL DR
INDIANTOWN, FL 34956**

**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 _____

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CD
RINES, JAMES H.
15500 SW TRAIL DRIVE
INDIANTOWN, FL 34956**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ASTD
RINES, FRANCES L.
15500 SW TRAIL DRIVE
INDIANTOWN, FL 34956**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
HARDEE, WILLIAM R
16051 PALOMINO ST
INDIANTOWN, FL 34956**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
HARDEE, DEBORAH L
16051 SW PALOMINO ST.
INDIANTOWN, FL 34956**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1100000435614
02/25/06-80049-004 150.00

**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: _____

Francis L Rines FRANCIS L. Rines

2/13/06

772-597-3535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #