


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # 455927 1. Entry Name RINES MARKET, INC.	
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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
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DO NOT WRITE IN THIS SPACE	01142008 No Chg-P CR2E034 (11/05)
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4. FEI Number 59-1549988		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RINES, FRANCIS L 15500 SW TRAIL DR INDIANTOWN, FL 34956
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000750922 01/23/08-80054-003 150.00
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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	

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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: FRANCES L. RINES FRANCES L. RINES 1/18/08 772-597-3535  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #