

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455927

Entity Name: RINES MARKET, INC.

FILED  
Jan 22, 2009  
Secretary of State

## Current Principal Place of Business:

15500 SW TRAIL DRIVE  
P.O. BOX 307  
INDIANTOWN, FL 349563510 US

## New Principal Place of Business:

15500 SW TRAIL DRIVE  
INDIANTOWN, FL 349563510 US

## Current Mailing Address:

15500 SW TRAIL DRIVE  
P.O. BOX 307  
INDIANTOWN, FL 349563510 US

## New Mailing Address:

15500 SW TRAIL DRIVE  
INDIANTOWN, FL 349563510 US

FEI Number: 59-1549988

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: RINES, JAMES H.,  
Address: 15500 SW TRAIL DRIVE  
City-St-Zip: INDIANTOWN, FL 34956

Title: ASTD ( ) Delete  
Name: RINES, FRANCES L.,  
Address: 15500 SW TRAIL DRIVE  
City-St-Zip: INDIANTOWN, FL 34956

Title: P ( ) Delete  
Name: HARDEE, WILLIAM R  
Address: 16051 PALOMINO ST  
City-St-Zip: INDIANTOWN, FL 34956

Title: ST ( ) Delete  
Name: HARDEE, DEBORAH L  
Address: 16051 SW PALOMINO ST.  
City-St-Zip: INDIANTOWN, FL 34956

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES L. RINES

ASTD

01/22/2009

Electronic Signature of Signing Officer or Director

Date