2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F05000006238

1. Entity Name

RHEINHARDT OF EVANSVILLE INC



FILED May 03, 2007 08:00 A Secretary of State

Principal Place of Business

1001 SIERRA BLANCA CT. LADY LAKE, FL 32159 Mailing Address

1001 SIERRA BLANCA CT. LADY LAKE, FL 32159



DO NOT WRITE IN THIS SPACE

04042007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
35-1512837	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

RHEINHARDT, DOROTHY A 1001 SIERRA BLANCA CT. LADY LAKE, FL 32159 8. The above named entity submits this statement for the purpose of changing its register.			DO NOT WRITE IN THIS SPACE ad office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligat	ions of registered agent. Signature, typed or printed name of registered agent and title if		d Agent signature	required when reinstating)	DATE		
10. TITLE NAME STREET ADDRESS	PC RHEINHARDT, RICHARD M 1001 SIERRA BLANCA CT.	Trust Fund Contribution.		Added to Fees			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC RHEINHARDT, RICHARD D 415 COUNTY RD. POCASSET, MA 02559				,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SDT RHEINHARDT, DOROTHY A 1001 SIERRA BLANCA CT. LADY LAKE, FL 32159				NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP				IIN	THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP					000000756920 05/23/07-80051-005 150√0		
NAME STREET ADDRESS CHY-ST-ZIP	pertify that the information supplied with this fil				9 Florida Statutes I further certify that the information		

12. I hereby certify that the information supplied with this filling 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 orath; 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.
Deficition of the corporation of 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:

SIGNATURE AND OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07

(352)150-0619