

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F06000007172

1. Entity Name
RHINEHART LANDCLEARING AND GRADING, INC.



Principal Place of Business
**628 RHINEDALE FARM RD.
WEBSTER, NC 28788**

Mailing Address
**P.O. BOX 303
WEBSTER, NC 28788**

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0941231

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BURKHART, BILL
794 OPOSSUM LANE
JACKSONVILLE, FL 32259**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RHINEHART, JIM
STREET ADDRESS	P.O. BOX 303
CITY-ST-ZIP	WEBSTER, NC 28788
TITLE	V
NAME	RHINEHART, JODY
STREET ADDRESS	7128 RAPID RIVER DR.W.
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	S
NAME	RHINEHART, JO ANN
STREET ADDRESS	P.O. BOX 303
CITY-ST-ZIP	WEBSTER, NC 28788
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/07-80094-012 150.00

**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: _____

Jo Ann Rhinehart, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07
Date

828-586-5753
Daytime Phone #