2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 28, 2005 8:00 am Secretary of State 01-28-2005 90017 021 ***150.00

DOCUMENT # F43237 1. Entity Name RHEINLANDER INSTRUMENT CORP. OF FLORIDA										,
Principal Place of Business 2601 INDUSTRIAL AVENUE THREE FT PIERCE, FL 34946		Mailing Address 2601 INDUSTRIAL AVENUE THREE FT PIERCE, FL 34946								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt, #, etc.		Suite, Apt. #, etc.			(01042005	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4	i. FEI Number 11-1973	827		<u> </u>	olied For Applicable
Zip	Country	Zip Country				5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
AUGUST, JERALD D %AUGUST & KULWHAS PA 250 AUSTRALIAN AVE SSTE 1100 FT. PIERCE, FL 33450				Name August, Jerald D. Stree Address (P.Q. Box Number is Not Acceptable) August & Kulunas PA 250 Australian Ave. South - Suite 1100 City West Palm Beach						
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										
SIGHATORE_	Signature, typed or printed name of registered agent a	and tale if applicable. (NOTE	: Registered	Agent signature	required with	en reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contr		cing	Added	May Be to Fees				
10.	OFFICERS AND	·	11.	· ·	·	ADDITIONS/C	HANGES TO OFF			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEIER, PETER 2601 INDUSTRIAL AVE #3 FT. PIERCE, FL	□ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEIER, TRACI L 2601 INDUSTRIAL AVE 3 FT. PIERCE, FL	☐ Delete		ſ	VD				Change	Addition
TILE	Τ	☐ Delete	TITLE		. –	ier, Ca	- 1	•	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	·BEIER, CARL, — 2601 INDUSTRIAL AVE 3 FT. PIERCE, FL			ET ADDRESS ST-ZIP	26		strial Av	re. #3		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Land And Control of the Control of t	Delete ·	STRE	ET ADDRESS -ST-ZIP	angerije i		,	তা শেকিক	eri, wa	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental sport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or tripsite 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 attactment within address, with all other like empowered.										

Vice President