

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

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**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number **11-1973827** | Applied For
| Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AUGUST, JERALD D
AUGUST & KULANAS PA
250 AUSTRALIAN AVE S. -STE 1100
WEST PALM BEACH, FL 33401**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEIER, PETER
STREET ADDRESS	2601 INDUSTRIAL AVE #3
CITY-ST- ZIP	FT. PIERCE, FL
TITLE	SD
NAME	BEIER, TRACI L
STREET ADDRESS	2601 INDUSTRIAL AVE 3
CITY-ST- ZIP	FT. PIERCE, FL
TITLE	VO
NAME	BEIER, CARL
STREET ADDRESS	2601 INDUSTRIAL AVE 3
CITY-ST- ZIP	FT. PIERCE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST- ZIP	

U00000392221
01/24/06-80072-011 150.00

**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, and all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Beier, president

Date

1/23/06 (712) 464-478

Daytime Phone #