2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H44343

1. Entity Name
LEWIS RINDER, P.A.

Principal Place of Business	Mailing Address
% LEWIS RINDER 700 COLORADO AVE STUART, FL 34994 US	C/O LEWIS RINDER P. O. BOX 616 PALM CITY, FL 34991 US

DO NOT WRITE IN THIS SPACE

03222006   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2508166	Applied For Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RINDER, LEWIS
700 COLORADO AVE
STUART, FL 34994

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	DP
NAME	RINDER, LEWIS
STREET ADDRESS	700 COLORADO AVE
CITY-ST-ZIP	STUART, FL 34994

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____ Lewis Rinder _____ 4/18/06   772-283-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #