

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90048 006 ***150.00

DOCUMENT # H47759

1. Entity Name

J. RINDNER & ASSOCIATES, INC.



Principal Place of Business

% JOSEPH RINDNER
592 SW 179TH AVE.
PEMBROKE PINES FL 33029
US

Mailing Address

% JOSEPH RINDNER
592 SW 179TH AVE.
PEMBROKE PINES FL 33029
US



2. Principal Place of Business - No P.O. Box #

10694 CONWAY TRAIL

3. Mailing Address

10694 CONWAY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH

City & State

BOYNTON BEACH

4. FEI Number

59-2508619

Applied For

Not Applicable

Zip

33437

Country

FLA BEACH

Zip

33437

Country

FLA BEACH

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RINDNER, JOSEPH
592 SW 179TH AVE.
PEMBROKE PINES FL 33029

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10694 CONWAY TRAIL

City

BOYNTON BEACH

FL

Zip Code

33437

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 restoring)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PST ☐ Delete
NAME: RINDNER, JOSEPH
STREET ADDRESS: 592 SW 179TH AVE.
CITY-STATE-ZIP: PEMBROKE PINES FL 33029

TITLE: D ☐ Delete
NAME: RINDNER, JOSEPH
STREET ADDRESS: 592 SW 179TH AVE
CITY-STATE-ZIP: PEMBROKE PINES FL 33029

TITLE: AS ☐ Delete
NAME: BROWN, HELAINE R
STREET ADDRESS: 592 SW 179TH AVE
CITY-STATE-ZIP: PEMBROKE PINES FL 33029

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
NAME:
STREET ADDRESS: 10694 CONWAY TRAIL
CITY-STATE-ZIP: BOYNTON BEACH FL 33437

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS: 10694 CONWAY TRAIL
CITY-STATE-ZIP: BOYNTON BEACH FL 33437

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH RINDNER
PRESIDENT

1-30-07 561-364-7123

Date

Daytime Phone #