

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # H93234

1. Entity Name
RHYNE ENTERPRISES, INC.



Principal Place of Business
1155 HIGHLAND ACRES DR.
APOPKA, FL 32703

Mailing Address
1155 HIGHLAND ACRES DR.
APOPKA, FL 32703



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2626982

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

JOSEPH, RHYNE H
1155 HIGHLAND ACRES DRIVE
APOPKA, FL 32703

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**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	RHYNE, H. JOSEPH
STREET ADDRESS	1155 HIGHLAND ACRES DR.
CITY-ST-ZIP	APOPKA, FL
TITLE	D
NAME	RHYNE, JUDY A.
STREET ADDRESS	1155 HIGHLAND ACRES DR.
CITY-ST-ZIP	APOPKA, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000552382
05/15/06-80009-015 150.00

**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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

Date Daytime Phone #