## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 04, 2007 08:00 A Secretary of State

ANNUAL REPORT				Apr 04, 2007 08			
DOCUMENT # J02968  1. Entity Name M. REINCO, INC.				Secretary of S			
	2400 W 59TH ST F	Nailing Address PO BOX 8670 SHAWNEE MISSION, KS 66208		111111111111111111111111111111111111111			1111/1121/1121/11111
	DO NOT WRITE II	N THIS SPACE	E	03072007  4. FEI Number 58-17289	No Chg-P	CR2E034 (1	
Ì			,	5. Certificate of		\$8.7 Fee F	5 Additional Required
L	6. Name and Address of Current Regis	stered Agent					<del></del>
LANE, GLENN E. 10935 SE 77TH PLACE, SUITE 305 SUMMERFIELD, FL 34491			DO NOT WRITE IN THIS SPACE				
	8. The above named entity submits this statement for the the obligations of registered agent.  SIGNATURE  Signature: typed or printed name of registered agent and take  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00		ents gnature required		an the State of Flori	DATE	wiii, aid accept
ļ	10. OFFICERS AND DIRE	:CTORS		<u></u>	ī		
NAME REINTJES, MARY STREEL ADDRESS 2400 W 59TH ST CITY-SI-ZIP PRAIRIE VILLAGE, KS 66208							
TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP				,		0690754 -80002-0	14 158.75
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	ITLE AME TREET ADDRESS TY-S1-ZIP			IN T	HIS SP	ACE	
	TIFLE NAME STREET ADDRESS CITY-ST-ZIP						
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12. Thereby certify that the information supplied with this filling 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 of 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:

STREET ADDRESS CITY-ST-ZIP

Wary Klinton

3/29/1

9/3-312-6357/ Daysme Phone #