


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90026 030 ***150.00

DOCUMENT # K55998	
1. Entity Name REINCO INC.	

Principal Place of Business 340 FIFTH AVENUE S. SUITE 200 NAPLES, FL 34102 US	Mailing Address 340 FIFTH AVENUE S. SUITE 200 NAPLES, FL 34102 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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60007095



01222007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0092457	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LANZINGER, BARBARA A 340 FIFTH AVENUE S SUITE 200 NAPLES, FL 34102	
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7. Name and Address of New Registered Agent Name DROGUE, LINDA K. Street Address (P.O. Box Number is Not Acceptable) 340 FIFTH AVENUE S SUITE 200 City NAPLES FL Zip Code 34102	
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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 <u>LINDA K. DROGUE</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	<u>Linda K. Drogue</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>1/22/07</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEFTAH, MICHAEL <input type="checkbox"/> Delete 340 FIFTH AVENUE, S, SUITE 200 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MEFTAH, PATRICIA M <input type="checkbox"/> Delete 340 FIFTH AVENUE, S SUITE 200 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANZINGER, BARBARA A <input checked="" type="checkbox"/> Delete 340 FIFTH AVENUE S, SUITE 200 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DROGUE, LINDA K. <input type="checkbox"/> Change: <input checked="" type="checkbox"/> Addition 340 FIFTH AVENUE, South - SUITE 200 NAPLES, FLORIDA 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 officers empowered.	
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SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>1/24/07</u>	Daytime Phone # <u>239-434-6446</u>
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