2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K99446

1. Entity Name RHING EQUIPMENT CORPORATION



FILED Mar 23, 2006 08:00 AM Secretary of State

Principal Place of Business

% SAMUEL R. SHAPRE 1313 W. ZARRAGOSSA ST. PENSACOLA, FL 32501 Mailing Address

% SAMUEL R. SHAPRE PO BOX 107

PENSACOLA, FL 32591-0107 US



DO NOT WRITE IN THIS SPACE

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4.	FEI Number 59-2954853		Applied For
			Not Applicable

5. Certificate of Status Desired

01032006

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

SHARPE, SAMUEL R. 1313 W, ZARRAGOSSA ST. PENSACOLA, FL 32501

DO NOT WRITE IN THIS SPACE

No Cha P

8. The above the obligat	named entity submits this statement for the pations of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar w	ith, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and this t	enninghia ANTE Designand	Anant Monoton	e rack-fred when rainstating)	CATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finantifrust Fund Contribution.		\$5.00 May Be Added to Fees	130000478608 04/08/06-80019-021	150.00	
10.	OFFICERS AND DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-SY-ZIP	D SHARPE, SAMUEL R. 1313 W. ZARRAGOSSA ST. PENSACOLA, FL						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHARPE, CONSTANCE W. 1313 W. ZARRAGOSSA ST. PENSACOLA, FL						
ITILE NAME STREET ADDRESS CHY-SI-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CHY-SI-ZIP				IN '	THIS SPACE		
ITILE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE 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 eath, that I am an officer or 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.							