2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028132

1151 NAVIGATOR

PUNTA GORDA, FL 33983

Address:

City-St-Zip:

Entity Name: RHINO LININGS OF PORT CHARLOTTE FLORIDA, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	NINGS IAMI TRAIL TE HARBOR,	FL 33980				
Current Mailing Address:			New Maili	New Mailing Address:		
	NINGS IAMI TRAIL TE HARBOR,	FL 33980				
FEI Number:	: 65-1009892	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	OHN C EAN BLVD., ST LOTTE, FL 33					
The above in the State	named entity see of Florida.	submits this statement for the	purpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electror	ic Signature of Registered Ag	gent		Date	
Election Car	npaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name:	KING, CHRISTO 12636 SW SUZ LAKE SUZY, FI D () KING, ROGUEL	Y AVE. . 34269 Delete	Title: Name: Address: City-St-Zip: Title: Name:	JENKS, WILL 1040 HARBO PUNTA GORI S (JENKS, DENI	UR CAPE PLACE DA, FL 33983 US X) Change () Addition SE	
Address: City-St-Zip:	12636 SW SUZ LAKE SUZY, FI		Address: City-St-Zip:		UR CAPE PLACE DA, FL 33983 US	
Title: Name: Address: City-St-Zip:	D (X JENKS, WILLIA 1151 NAVIGATO PUNTA GORDA	OR	Title: Name: Address: City-St-Zip:	(() Change() Addition	
Title:	D (X	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: WILLIAM JENKS PRES 04/24/2006