

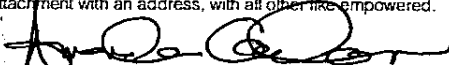


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90006 021 \*\*\*150.00

<b>DOCUMENT # P00000048162</b> 1. Entity Name <b>RHINO LININGS OF LEE COUNTY, INC.</b>					
Principal Place of Business <b>2138-B CLEVELAND AVE FT. MYERS, FL 33901</b>			Mailing Address <b>2138-B CLEVELAND AVE FT. MYERS, FL 33901</b>		
2. Principal Place of Business <b>11000 Metro Pkwy Suite, Apt. #, etc. #1</b>		3. Mailing Address <b>11000 Metro Pkwy Suite, Apt. #, etc. #1</b>			
City & State <b>Fort Myers, FL</b>		City & State <b>Fort Myers, FL</b>		4. FEI Number <b>65-1010657</b>	
Zip <b>33912</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COCHRAN, DARIUS 2138-B CLEVELAND AVE FT. MYERS, FL 33901</b>				7. Name and Address of New Registered Agent Name <b>COCHRAN, DARIUS</b> Street Address (P.O. Box Number is Not Acceptable) <b>11000 Metro Pkwy, #1</b> City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33912</b>	
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  <b>Amanda Cochran</b> <b>7-1-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>COCHRAN, DARIUS 2138-B CLEVELAND AVE FT. MYERS, FL 33901</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President COCHRAN, DARIUS 11000 Metro Pkwy, #1 Fort Myers, FL 33912</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>COCHRAN, AMANDA 2138-B CLEVELAND AVE FT. MYERS, FL 33901</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President COCHRAN, AMANDA 11000 Metro Pkwy, #1 Fort Myers, FL 33912</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemption stated in Section 119.07(3)(i), 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:  <b>AMANDA COCHRAN</b> <b>7-1-04</b> <b>239/332-3536</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



**Rhino Linings®**  
OF LEE COUNTY, INC.

Attachment 54072806  
# P000000048162

September 9, 2004

Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Dear Sir:

Please find enclosed the completed 2004 for Profit Corporation Filing and a check in the amount of \$150.00.

We did not receive a preprinted annual report or a postcard on the filing for 2004 reporting and ask that late fee of \$400.00 be waived. Our address did change and the original report or postcard may not have been forwarded to our new address.

Thank you for your consideration in this matter and we extend our apology for the lateness of this report.

Sincerely,

RHINO LININGS OF LEE COUNTY, INC.

Amy Cochran  
Vice President

Enclosures