

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90221 044 ***150.00

DOCUMENT # P00000048162

1. Entity Name

RHINO LININGS OF LEE COUNTY, INC.



Principal Place of Business

11000
11000 METRO PKWY
#1
FORT MYERS FL 33912

Mailing Address

11000
11000 METRO PKWY
#1
FORT MYERS FL 33912



2. Principal Place of Business

11000 Metro Pkwy
Suite #1

3. Mailing Address

11000 Metro Pkwy
Suite #1

1st MOORE

CR2E034 (10/05)

City & State

Fort Myers FL

City & State

Fort Myers, FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

65-1010657

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COCHRAN, DARIUS
11000 METRO PKWY
SUITE 1
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

[Signature] oops! (sign below)

4/20/06

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME COCHRAN, DARIUS
STREET ADDRESS 11000 METRO PKWY #1
CITY-ST-ZIP FORT MYERS FL 33912

TITLE VP ☒ Delete
NAME COCHRAN, AMANDA
STREET ADDRESS 11000 METRO PKWY #1
CITY-ST-ZIP FORT MYERS FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER/PRESIDENT ☒ Change ☐ Addition
NAME COCHRAN, AMANDA
STREET ADDRESS 11000 Metro Pkwy, Ste #1
CITY-ST-ZIP Fort Myers, FL 33912

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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 Section 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/06

Date

239/332-3536

Daytime Phone #