2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000085732

1. Entity Name
RINARD ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1231 JAMAICA ROAD WEST JACKSONVILLE, FL 32216	1231 JAMAICA ROAD WEST JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE

02162004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3674071	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

STEFFEY, FRED H
6620 SOUTHPOINT DR. SOUTH, #300
JACKSONVILLE, FL 32216

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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 _____
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000055783
02/18/04--80018-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D		
NAME	RINARD, ROSE M		
STREET ADDRESS	1231 JAMAICA ROAD WEST		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
TITLE	D		
NAME	RINARD, FREDRICK W		
STREET ADDRESS	1231 JAMAICA ROAD WEST		
CITY-ST-ZIP	JACKSONVILLE, FL 32216		
TITLE			
NAME			
STREET ADDRESS			
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TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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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: *Rose Mary Rinard*   ROSE MARY RINARD   2-17-04   (904) 725-1185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #