


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Feb 15, 2005 08:00 AM
Secretary of State**

DOCUMENT # P00000085732

1. Entity Name
RINARD ENTERPRISES, INC.



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

Mailing Address
**1231 JAMAICA ROAD WEST
JACKSONVILLE, FL 32216**



01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3674071

Applied For
 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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

**000000230548
02/15/05-80048-002 150.00**

10. OFFICERS AND DIRECTORS

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Rosemary Rinard VICE PRESIDENT 2-14-05 (904) 725-7785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #