

2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 22, 2006 8:00 am
Secretary of State**

05-22-2006 90049 046 ***150.00

DOCUMENT # P01000070599	
1. Entity Name RANDY REINIGER, INC.	
Principal Place of Business 12330 VILLAGER COURT TAMPA, FL 33625	Mailing Address 6307 QUAID AVENUE TAMPA, FL 33625



Principal Place of Business **12330 VILLAGER COURT** Mailing Address **6307 QUAIL RIDGE DR 2930 VILLAGER COURT**
TAMPA, FL 33625 **TAMPA, FL 33625 TAMPA, FL 33625**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REINIGER, RANDY 12300 VILLAGER COURT TAMPA, FL 33625	REINIGER RANDY 6307 QUAIL RIDGE DR TAMPA FL 33625
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A standard 1D barcode is located at the top of the page, spanning most of the width. It is used for document tracking and identification.

4. FEI Number 59-3735418	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

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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 \$550.00
Due by September 6, 2006

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

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINIGER, RANOY 12330 VILLAGER CT TAMPA, FL 33625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: ✓ *Randy Remigetti* **RANDY REMIGETTI**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR~~

813 748-5007

ATTACHMENT
20046055

#P01000070599

CHANGE OF ADDRESS

6307 QUAIL RIDGE DR
TAMPA, FL 33625

THIS FORM DID NOT

COME TO MY NEW ADDRESS.

PLEASE WAIVE THE PENALTY
AS I HAVE ALWAYS BEEN
TIMELY.