

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90757 018 ***150.00

DOCUMENT # P01000082636 1. Entity Name RINEKER, INC.			
Principal Place of Business 124 BRIGHTWATER DR. CLEARWATER BEACH, FL 33767		Mailing Address 124 BRIGHTWATER DR. CLEARWATER BEACH, FL 33767	
2. Principal Place of Business 2681 Crystal Circle Suite, Apt. #, etc.		3. Mailing Address 2681 Crystal Circle Suite, Apt. #, etc.	
City & State Dunedin, FL Zip 34698		City & State Dunedin, FL Zip 34698	
Country USA		Country USA	
4. FEI Number 59-3738271		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RINEKER, FRANCIS 124 BRIGHTWATER DR. CLEARWATER, FL 33767		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2681 Crystal Circle City Dunedin FL Zip Code 34698	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME RINEKER, FRANCIS STREET ADDRESS 19485 SILVER OAK DR. CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition NAME 2681 Crystal Circle STREET ADDRESS Dunedin, FL 34698 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME RINEKER, RHONDA STREET ADDRESS 19485 SILVER OAK DR. CITY-ST-ZIP FORT MYERS, FL 33912	<input type="checkbox"/> Delete	TITLE Change <input type="checkbox"/> Addition NAME 2681 Crystal Circle STREET ADDRESS Dunedin, FL 34698 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Rhonda S. Rineker, Sec SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/28/04 727-773-8739 Date Daytime Phone #	