

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000096417

FILED
Apr 27, 2006
Secretary of State

Entity Name: G. P. RHINO SERVICES & ASSOCIATES INC.

Current Principal Place of Business:

2502 J. M. T. INDUSTRIAL DR.
#101
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

2502 J. M. T. INDUSTRIAL DR.
#101
APOPKA, FL 32703

New Mailing Address:

FEI Number: 30-0120790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLIS, ROBERT A
324 W WILLIAM AVE
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GILLIS, ROBERT A
Address: 324 W WILLIAM AVE
City-St-Zip: APOPKA, FL 32712

Title: V () Delete
Name: POWELL, DALLAS A
Address: 1585 COLUSO DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: S () Delete
Name: POWELL, ANNA
Address: 1585 COLUSO DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: T () Delete
Name: GILLIS, LESLIE C
Address: 324 W WILLIAM AVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A. GILLIS

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date