## 2006 FOR PROFIT CORPORATION

## Mar 06, 2006 08:00 AM **ANNUAL REPORT** Secretary of State DOCUMENT # P02000010726 SUSAN REINEMEYER STUDIOS, INC. Principal Place of Business Mailing Address 2550 26TH STREET W. 2550 26TH STREET W. BRADENTON, FL 34205 BRADENTON, FL 34205 02282006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0037654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REINEMEYER, JACK DO NOT WRITE 2550 26TH STREET W. BRADENTON, FL 34205 IN THIS SPACE 6. 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 titls if epiphoable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. $\square$ . Added to Fees OFFICERS AND DIRECTORS 10. TITLE REINEMEYER, SUSAN NAME STREET ADDRESS 2550 26TH STREET W. BRADENTON, FL 34205 CITY-ST-ZP U00000458221 ----03/17/06-80031-025 150.00 TITLE REINEMEYER, JACK NAME STREET ADDRESS 2550 28TH STREET W. CITY-ST-ZIP BRADENTON, FL 34205 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 71T7 F NAME STREET ACCRESS CITY-ST-ZIP

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 or an attachment with an edgless, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-57-7/P

OF SIGNING OFFICER OR DIRECTOR

FILED

Cavima Phone #