2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000056813

1. Entity Name

REINHARDT ENTERPRISES, INC.



Principal Place of Business

544 N. TYNDALL PKWY PANAMA CITY, FL 32404 Mailing Address

544 N. TYNDALL PKWY PANAMA CITY, FL 32404

FILED Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90294 038 ***150.00

60028387



DO NOT WRITE IN THIS SPACE

03302006 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3059085 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARDT, SONJA W 544 N. TYNDALL PKWY PANAMA CITY, FL 32404

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REINHARDT, SONJA W 1806 NEW HAMPSHIRE AVE LYNN HAVEN, FL 32444				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REINHARDT, JAMES A 1806 NEW HAMPSHIRE AVE LYNN HAVEN, FL 32444				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		į	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 charged, or on an attachment with an address, withfall other like empowered.

SIGNATURE:

CITY-ST-ZTP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HILIPL

Daytime Phone #