

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90425 047 ***150.00

DOCUMENT # P02000096397					
1. Entity Name S.B. REINHART, INC.					
Principal Place of Business 142 CITRUS PARK CIRCLE BOYNTON BEACH, FL 33436 US			Mailing Address 142 CITRUS PARK CIRCLE BOYNTON BEACH, FL 33436 US		
2. Principal Place of Business 11421 NW 34 PLACE		3. Mailing Address 11421 NW 34 PLACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04212004 Chg-P CR2E034 (10/03)	
City & State Sunrise Florida		City & State Sunrise FL 33323		4. FEI Number 43-1973303	
Zip 33323		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REINHART, SCOTT B 142 CITRUS PARK CIRCLE BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name 11421 NW 34 PLACE Phone 954-578-5985 City SUNRISE FL 33323		
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: DATE: 4-21-2004 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 VP NAME REINHART, SCOTT B STREET ADDRESS 142 CITRUS PARK CIRCLE CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE VP NAME SCOTT B. REINHART STREET ADDRESS 11421 N.W. 34 PLACE CITY-ST-ZIP SUNRISE, FL. 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME REINHART, HARRY R STREET ADDRESS 6201 FARTHING ST. CITY-ST-ZIP TAMPA, FL 336471111	<input type="checkbox"/> Delete		TITLE P NAME HARRY R. REINHART STREET ADDRESS 709 OCEASCOKE SQUARE SW CITY-ST-ZIP VER BEACH, Florida, 32968	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME REINHART, TAMMY C STREET ADDRESS 142 CITRUS PARK CIRCLE CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE S NAME TAMMY C. REINHART STREET ADDRESS 11421 NW 34 PLACE CITY-ST-ZIP SUNRISE, FL. 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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 the empowered.					
SIGNATURE:			4-21-04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		