

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000096518

1. Entity Name
RHINO GRADING, INC.



Principal Place of Business

3756 HYDE PARK DR.
FORT MYERS, FL 33905

Mailing Address

3756 HYDE PARK DR.
FORT MYERS, FL 33905



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1844254

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IRELAND, GARRY
3756 HYDE PARK DR.
FORT MYERS, FL 33905

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IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9.

☐ \$5.00 May Be
Added to Fees

11000000223518
02/10/05-80046-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	IRELAND, GARRY
STREET ADDRESS	3756 HYDE PARK DR.
CITY-ST-ZIP	FORT MYERS, FL 33905
TITLE	VSTD
NAME	PORTER, JAMIE
STREET ADDRESS	773 JULY CIRCLE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Garry Ireland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-05 (229) 340-5714

Date

Daytime Phone