

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000117546 1. Entity Name RHINO LININGS OF PALM BEACH, INC.	
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Principal Place of Business 1801 HYPOLUXO ROAD #E9 LANTANA, FL 33462	Mailing Address 1801 HYPOLUXO ROAD #E9 LANTANA, FL 33462
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DO NOT WRITE IN THIS SPACE



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 51-0438066	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CRENSHAW, KENNETH B ESQ 3175 SOUTH CONGRESS AVENUE SUITE 301 PALM SPRINGS, FL 33461	DO NOT WRITE IN THIS SPACE
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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.

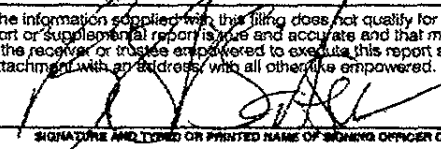
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	04/22/04-80051-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BILL, JOHN 1801 HYPOLUXO ROAD #E9 LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, ROBERT JR 1801 HYPOLUXO ROAD #E9 LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAKER, ROBERT SR 1801 HYPOLUXO ROAD #E9 LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied in this filing does not qualify for the exemption stated in Section 118.07(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 like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 4/19/04 Daytime Phone #
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