


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000039835</b> 1. Entity Name ROBERT I. RINDERS, INC.	
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Principal Place of Business 12004 BRANDON LAKE DRIVE JACKSONVILLE, FL 32258	Mailing Address 12004 BRANDON LAKE DRIVE JACKSONVILLE, FL 32258
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**DO NOT WRITE IN THIS SPACE**



03312006 No Chg-P CR2E034 (11/05)

4. FEI Number  
30-0172231

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
  
RINDERS, ROBERT I  
12004 BRANDON LAKE DRIVE  
JACKSONVILLE, FL 32258

**DO NOT WRITE  
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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RINDERS, ROBERT I 12004 BRANDON LAKE DR. JACKSONVILLE, FL 32258
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000000523411  
05/03/06-80070-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 changed, or on an attachment with an address, with an officer or trustee empowered.

SIGNATURE:  17 Apr 2006 904 610 0810  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #