

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90068 032 \*\*\*150.00

**DOCUMENT # P03000137444**

1. Entity Name  
**RINESS CONSTRUCTION SERVICES, INC.**



Principal Place of Business  
**2519 DR BRYANT ROAD  
LAKELAND, FL 33810**

Mailing Address  
**2519 DR BRYANT ROAD  
LAKELAND, FL 33810**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262004

Chg-P

CR2E034 (10/03)

4. FEI Number

**05-0589970**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BUSH, GEORGE T  
205 AVE K SE  
WINTER HAVEN, FL 33880**

7. Name and Address of New Registered Agent

Name **Steven Riness**

Street Address (P.O. Box Number is Not Acceptable)

**2519 DR Bryant Road**

City **Lakeland**

FL

Zip Code **33810**

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

*Steven W. Riness*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/13/04**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>RINESS, STEVEN W</b>	
STREET ADDRESS	<b>2519 DR BRYANT ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33810</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>RINESS, CYNTHIA G</b>	
STREET ADDRESS	<b>2519 DR BRYANT ROAD</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33810</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>RINESS, ANDREW W</b>	
STREET ADDRESS	<b>1119 OAK DR WEST</b>	
CITY-ST-ZIP	<b>LAKELAND, FL 33809</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE

*Steven W. Riness*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/04**

Date

Daytime Phone #