2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137444

Entity Name: RINESS CONSTRUCTION SERVICES, INC.

FILED Sep 02, 2008 Secretary of State

| , | | | , | | |
|---|---|---------------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Plac | e of Business: | |
| | BRYANT ROAI D, FL 33810 |) | | | |
| Current Mailing Address: | | | New Mailing Addre | ss: | |
| | BRYANT ROAI D, FL 33810 |) | | | |
| FEI Number | : 05-0589970 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| | STEVEN BRYANT RD D, FL 33810 | US | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its register | ed office or registered agent, or both, | |
| SIGNATUI | RE: | | | | |
| | Electron | nic Signature of Registered Ag | ent | Date | |
| | | 3(2)(b), F.S., the corporation did no | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (RINESS, STEV 2519 DR BRYA LAKELAND, FL | NT ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | STD (RINESS, CYNT 2519 DR BRYA LAKELAND, FL | NT ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | VD (RINESS, ANDF 1119 OAK DR LAKELAND, FL | WEST | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN RINESS PD 09/02/2008