2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P03000152290 Jan 27, 2006 08:00 AM 1. Entity Name **Secretary of State** JAMES RINDERMAN CONTRACTING, INC. Principal Place of Business Mailing Address 8110 NW 101ST AVENUE 8110 NW 101\$T AVENUE TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State 4. FEi Number City & State Applied For 45-0529203 Not Applicat Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City Zio Code 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 accerthe obligations of registered agent SIGNATURE Signature, typed or printed name of registered agont and little if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May E 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change TITLE U00000402773 NAME RINDERMAN, JAMES A NAME 02/03/06-80021-012 150.00 STREET ADDRESS STREET ADDRESS 8110 NW 101ST AVENUE CITY -ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addiii MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change MARKE TO ARREST TITLE NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZE CUIY-SI-ZIP THE ☐ Delete TITLE Change A.L. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IB ☐ Delete TITLE TITE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP HILE ☐ Delete THILE Change ☐ Add... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: JAMES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES RINDERMAN

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained in Section 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

address, with all other like empowered.

1-25-06

954-658-1854

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