## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **Secretary of State DOCUMENT # P04000098173** 02-02-2005 90068 007 \*\*\*150.00 RHINO LAND AND MATERIALS, INC. Principal Place of Business Mailing Address 341 NORTH MAITLAND AVE., STE. 340 341 NORTH MAITLAND AVE., STE. 340 MAITLAND, FL 32751 MAITLAND, FL 32751 2. Principal Place of Business 3. Mailing Address Post Office Drawer Suite, Apt. #, etc. Suite, Apt. #, etc. 01262005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Florida 20-1509367 Not Applicable Country Zip 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 TATICH, PHILIP Street Address (P.O. Box Number is Not Acceptable) 341 NORTH MAITLAND AVE., STE. 340 MAITLAND, FL 32751 City Zip 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 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE Delete TITLE Addition ☐ Change Bangle Doug 341 N. Martland Ave., Suite 340 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL CITY-ST-ZIP Maitland 32751 VPSD TITLE ☐ Delete TITLE ☐ Addition Tatich, Philip 341 N. Maitland Ave., NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Maitland CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE. ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition NAME NAME \* 9 ... ٦, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 1

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

with all other like empowered

SIGNATURE AND TREED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

SIGNATURE:

FILED Feb 02, 2005 8:00 am