

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90191 041 ***150.00

DOCUMENT # P04000122274

1. Entity Name
GC REINARD ENTERPRISES, INC.



Principal Place of Business

3566 SE DIXIE HWY
STUART, FL 34997

Mailing Address

3566 SE DIXIE HWY
STUART, FL 34997

50001584



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1580269

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LESK, LEONARD
7732 NW 78TH PLACE
TAMARAC, FL 33321

FORT LAUDERDALE, FL 33321

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P,
REINARD, GARY
2550 NE PINE CREST BLVD
JENSEN BEACH, FL 34957

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P,
REINARD, CATHRINE
2550 NE PINE CREST BLVE
JENSEN BEACH, FL 34957

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-06

Date

772-286-7480

Daytime Phone #

CHECK # 2144