# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 07, 2008 08:00 AM**
**Secretary of State**

DOCUMENT # P04000134688

1. Entity Name
REINARD REALTY CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 3565 SE DIXIE HWY.<br>STUART, FL 34997 | 3565 SE DIXIE HWY.<br>STUART, FL 34997 |

DO NOT WRITE IN THIS SPACE

07C22308 No Chg-P CR2E034 (11/06)

4. FEI Number
20-1657968

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
FORT LAUDERDALE, FL 33321

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

$500

**FILE NOW!!! FEE IS $150.00**
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | REINARD, GARY |
| STREET ADDRESS | 2550 NE PINE CREST LAKES BLVD. |
| CITY-ST-ZIP | JENSEN BCH, FL 34957 |
| TITLE | S/T |
| NAME | REINARD, CATHERINE |
| STREET ADDRESS | 2550 NE PINE CREST LAKES BLVD |
| CITY-ST-ZIP | JENSEN BCH, FL 34957 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| CITY-ST-ZIP | |

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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: X Gary Reinard 7-2-08 772 286 2480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

GARY REINARD - PRESIDENT