


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am
Secretary of State

05-26-2006 90016 031 ***158.75

DOCUMENT # P05000004884	
1. Entity Name JOSEPH J. RINELLA, P.A.	

Principal Place of Business 2047 MCGREGOR BOULEVARD FORT MYERS, FL 33901	Mailing Address 2047 MCGREGOR BOULEVARD FORT MYERS, FL 33901
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50019820



2. Principal Place of Business 2133 Main Street	3. Mailing Address 2133 Main Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05232006 Chg-P CR2E034 (11/05)

City & State Fort Myers, Florida	City & State Fort Myers, Florida
Zip 33901	Zip 33901
Country USA	Country USA

4. FEI Number 20-2132202	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RINELLA, JOSEPH J. 3902 S.W. 19 AVENUE CAPE CORAL, FL 33904	
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7. Name and Address of New Registered Agent	
Name Joseph J. Rinella	
Street Address (P.O. Box Number is Not Acceptable) 1236 SE. 40th Street, #203	
City Cape Coral	Zip Code FL 33901

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  **Joseph J. Rinella - President** DATE **May 24, 2006**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST RINELLA, JOSEPH J ESQ. 3902 S.W. 19 AVENUE CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST Joseph J. Rinella, Esq. 1236 SE. 40th Street, #203 Cape Coral, Florida 33904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 filers empowered.

SIGNATURE  **Joseph J. Rinella - President** DATE **5-24-06** DAYTIME PHONE # **(239) 332-0450**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR