

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90005 047 ***150.00

DOCUMENT # P05000073093

1. Entity Name
RHINO STORE BUILDERS, INC.



Principal Place of Business
**7178 MANTHEY AVENUE
NORTH PORT, FL 34286 US**

Mailing Address
**5227 14TH STREET WEST
BRADENTON, FL 34520-7**



2. Principal Place of Business

3. Mailing Address

2335 J 63RD AVE EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite J

City & State

BRADENTON, FL

02082006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2894198

Applied For
Not Applicable

Zip

Country

Zip

Country

34203- U.S.A

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HECKMAND, DONALD H
5227 14TH STREET WEST
BRADENTON, FL 34207**

Name

Street Address (P.O. Box Number is Not Acceptable)

2335 J 63RD AVE EAST

City

BRADENTON

FL

Zip Code

34203

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 **D.H. Heckmand**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/06

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **REINOSA, DAVID A**
STREET ADDRESS **7178 MANTHEY AVENUE**
CITY-ST-ZIP **NORTH PORT, F 34286**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

DAVID A. REINOSA President

2/19/06 (941) 809-1450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #