

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000093437

1. Entity Name
REIMANN ENTERPRISES, INC.



Principal Place of Business
24207 111TH RD
O'BRIEN, FL 32071

Mailing Address
24207 111TH RD
O'BRIEN, FL 32071

**FILED
Apr 28, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COULTHURST, BARBARA
172 W MAIN STREET
MAYO, FL 32066

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 resuming)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

000000927969
05/21/08-80010-011 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME REIMAN, KENT J C
STREET ADDRESS 24207 111TH RD
CITY-ST-ZIP O'BRIEN, FL 32071

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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: *Janet Rhodes for Kent J C Reiman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/08

Date

386-935-3693

Daytime Phone #