

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90045 013 ***150.00

DOCUMENT # P05000162624 1. Entity Name THOMAS S. RINEBERG, P.A.					
Principal Place of Business 707 HAMPTON DOWNS CT JACKSONVILLE, FL 32259			Mailing Address 707 HAMPTON DOWNS CT JACKSONVILLE, FL 32259		
2. Principal Place of Business - No P.O. Box # 707 HAMPTON DOWNS CT		3. Mailing Address 707 HAMPTON DOWNS CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ST JOHNS FL		City & State ST JOHNS FL		4. FEI Number 20-3942073	
Zip 32259		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RINEBERG, THOMAS S 707 HAMPTON DOWNS CT JACKSONVILLE, FL 32259		7. Name and Address of New Registered Agent Name RINEBERG, THOMAS S Street Address (P.O. Box Number is Not Acceptable) 707 HAMPTON DOWNS CT City ST JOHNS FL Zip Code 32259			
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  PRESIDENT THOMAS S RINEBERG 5/21/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RINEBERG, THOMAS S 707 HAMPTON DOWNS CT JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST RINEBERG, THOMAS S 707 HAMPTON DOWNS CT ST JOHNS FL 32259 <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	
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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, or all other like empowered.					
SIGNATURE: 			THOMAS S RINEBERG 5/21/07 436-1371 <small>Date Daytime Phone #</small>		