## FILED Aug 20, 2007 8:00 am Secretary of State

ANNUAL REPORT	
DOOLINENT # D06000004712	

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DOCUMENT # P06000094712  1. Entity Name RHINO LININGS OF VOLUSIA COUNTY, INC.							08-20-2007	90057 0	07 ***150	0.00	
Principal Place	e of Business		Mailin	g Address							
•				*							
220 S SYCAMORE DR P.O. BOX 2605 TAVARES, FL 32778 US NEW SMYRNA BEACH, FL 321			70 US								
INVANES, IL	32110	03	11,11	SWITKIN DEAULI, I	LJLI	10 03					
							1 (20)(20)				ERI II IECI
Principal Place of Business - No P.O. Box #     3. Mailing Address							;				
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.				Chg-P	CR2E0:	34 (12/06)	
City & State			City	City & State			1. FEI Numb		+1	No	plied For t Applicable
Zip 		Country	Zip		ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required					
	6. Name	and Address of Curre	nt Registere	ed Agent			7. Name and	d Address of New F	egistered A	\gent	
						Name					ļ
EICHENBURG, KAREN 220 S SYCAMORE DR TAVARES, FL 32778					Street Address (P.O. Box Number is Not Acceptable)						
1714711120	,	·									Ì
						City		<del></del>	FL	Zip Code	•
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										
	organicate, typeo	or printed name or registered agr	ent and title it app	picacie. (NOTE	- riogatere	ad riger ( signature requ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<del></del>	DATE	<del>_</del>	
FILE NOW!!! FEE IS \$150.00  Due by September 14, 2007  9. Election Campaign Finance Trust Fund Contribution.						5.00 May Be Added to Fees	In accordance of corporation did	with s. 607 not receive	.193(2)(b), le the prior n	F.S., the notice.	
10.		OFFICERS AN	ID DIRECTO		11.		ADDITIONS	L CHANGES TO OFF	ICEDS AND	DIRECTORS	2 INI 11
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NAME	EICHENBURG, KAREN									□ Unange	
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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: Karen S. Euchenbrg 8-17-07 386-689-2041											
		SIGNATURE AND TYPED O	OR PRINTED NA	ME OF SIGNING OFFICER	OR DIREC	TOR 1		Date		aylime Phone #	