

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000027624

FILED  
Apr 24, 2011  
Secretary of State

**Entity Name:** MARQUIN S. RINARD, ESQ, PA

**Current Principal Place of Business:**

416 NW 23RD AVE  
CAPE CORAL, FL 33993 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 151088  
CAPE CORAL, FL 33915 US

**New Mailing Address:**

**FEI Number:** 26-2131814      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RINARD, MARQUIN S  
416 NW 23RD AVENUE  
CAPE CORAL, FL 33993 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RINARD, MARQUIN S  
Address: P. O. BOX 151088  
City-St-Zip: CAPE CORAL, FL 33915 US

Title: VP  
Name: RINARD, THERESA K  
Address: P. O. BOX 151088  
City-St-Zip: CAPE CORAL, FL 33915 US

Title: S  
Name: RINARD, THERESA K  
Address: P. O. BOX 151088  
City-St-Zip: CAPE CORAL, FL 33915 US

Title: T  
Name: RINARD, MARQUIN S  
Address: P. O. BOX 151088  
City-St-Zip: CAPE CORAL, FL 33915 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARQUIN S. RINARD

PRES

04/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date