



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90032 014 ***150.00

DOCUMENT # P93000021402					
1. Entity Name REINHARD REALTY, INC.					
Principal Place of Business 1850 RINGLING BLVD. SARASOTA, FL 34236 US			Mailing Address 1850 RINGLING BLVD. SARASOTA, FL 34236 US		
2. Principal Place of Business 1990 Main Street Suite 801 City & State: Sarasota FL Zip: 34236 Country:		3. Mailing Address 1990 Main Street Suite 801 City & State: Sarasota FL Zip: 34236 Country:			
01102006 Chg-P CR2E034 (11/05)				4. FEI Number 65-0399014	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For: <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GLENDINNING, RENE M 1850 RINGLING BLVD. SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): 1990 Main Street Suite 801 City: Sarasota FL Zip Code: 34236		
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: DPT NAME: OTTEMOELLER, REINHARD STREET ADDRESS: 1850 RINGLING BLVD. CITY-ST-ZIP: SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 1990 Main Street, Suite 801 CITY-ST-ZIP: Sarasota FL 34236		
TITLE: S NAME: GLENDINNING, RENE M STREET ADDRESS: 1850 RINGLING BLVD. CITY-ST-ZIP: SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: 1990 Main Street, Suite 801 CITY-ST-ZIP: Sarasota FL 34236		
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		
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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: <u>M. S. Reinhard</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			President (941) 365-4617 Date Daytime Phone #		