

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043262

Entity Name: RINES PROPERTIES, INC.

FILED
Jan 22, 2009
Secretary of State

Current Principal Place of Business:

15500 SW TRAIL DR
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 307
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 65-0425986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINES, JAMES H
15500 SW TRAIL DRIVE
INDIANTOWN, FL 34956 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HARDEE, DEBORAH L
Address: 15500 SW TRAIL DRIVE
City-St-Zip: INDIANTOWN, FL

Title: P () Delete
Name: RINES, JAMES H.
Address: 15500 SW TRAIL DRIVE
City-St-Zip: INDIANTOWN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: HARDEE, DEBORAH L
Address: 15500 SW TRAIL DRIVE
City-St-Zip: INDIANTOWN, FL 34956

Title: P (X) Change () Addition
Name: RINES, JAMES H
Address: 15500 SW TRAIL DRIVE
City-St-Zip: INDIANTOWN, FL 34956

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBORAH L. HARDEE

VP

01/22/2009

Electronic Signature of Signing Officer or Director

Date