
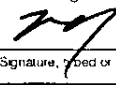


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90048 042 ***150.00

DOCUMENT # P95000024328					
1. Entity Name R. K. REIMAN CONSTRUCTION, INC.					
Principal Place of Business 239 POLYNESIA CT MARCO ISLAND FL 34145 US				Mailing Address P.O. BOX 2578 MARCO ISLAND FL 34146 US	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip	Country	Zip	Country	4. FEI Number 65-0603969	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NOLD, JOHN A P.A. 995 NORTH COLLIER BLVD MARCO ISLAND FL 34145				Name Maximilian J. Schenk, Esq.	
				Street Address (P.O. Box Number is Not Acceptable)	
				995 North Collier Blvd.	
				City Marco Island	FL Zip Code 34145
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, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when transferring) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	REIMAN, ROBERT K		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		239 POLYNESIA CT.		NAME	
STREET ADDRESS		MARCO ISLAND FL 34145		STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE	S	REIMAN, SHARON L		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		239 POLYNESIA CT.		NAME	
STREET ADDRESS		MARCO ISLAND FL 34145		STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	
TITLE				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY- ST- ZIP				CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(239) 642-3364