

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.

RECEIVED JAN 18 2007



Principal Place of Business Mailing Address

239 POLYNESIA CT P.O. BOX 2578
 MARCO ISLAND FL 34146 MARCO ISLAND FL 34146
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State City & State

4. FEI Number **65-0603969** Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

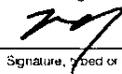
NOLD, JOHN A P.A.
995 NORTH COLLIER BLVD
MARCO ISLAND FL 34145

} Same Address

7. Name and Address of New Registered Agent

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, if applicable (NOTE: Registered Agent signature required when transferring) (04/1)

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

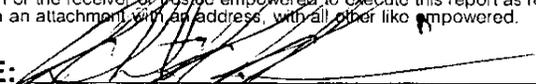
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	REIMAN, ROBERT K	239 POLYNESIA CT.	MARCO ISLAND FL 34145	<input type="checkbox"/>
S	REIMAN, SHARON L	239 POLYNESIA CT.	MARCO ISLAND FL 34145	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
 	 	 	 	 	
V	Robert K. Reiman, Jr.	239 Polynesia Ct.	Marco Island, FL 34145	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(239) 642-3364
Daytime Phone #