

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91232 006 ***158.75

DOCUMENT # P98000021830

1. Entity Name
RHINO CONSTRUCTION ENGINEERING, INC.



Principal Place of Business
**2079 LONGFELLOW CT
ORLANDO, FL 32818**

Mailing Address
**2079 LONGFELLOW CT
ORLANDO, FL 32818**



2. Principal Place of Business

4107 EL Rey Rd.
Suite, Apt. #, etc.
4B

3. Mailing Address

4107 EL Rey Rd
Suite, Apt. #, etc.
4B

04292004

Chg-P

CR2E034 (10/03)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3500300

Applied For

Not Applicable

Zip

32808

Country

USA

Zip

32808

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WASHINGTON, THEODORE M
2079 LONGFELLOW CT
ORLANDO, FL 32818**

7. Name and Address of New Registered Agent

Name

[REDACTED] DMU
Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WASHINGTON, THEODORE M	
STREET ADDRESS	2079 LONGFELLOW CT	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	WASHINGTON, GAIL L	
STREET ADDRESS	2079 LONGFELLOW CT	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE	D	<input type="checkbox"/> Delete
NAME	WASHINGTON, RICARDO R	
STREET ADDRESS	3024 NORTH POWERS DR. APT 259	
CITY-ST-ZIP	ORLANDO, FL 32818	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Washington, Gail L	
STREET ADDRESS	2079 Longfellow Ct	
CITY-ST-ZIP	Orlando, FL 32818	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Washington, Ricardo R	
STREET ADDRESS	3024 North Powers Dr. Apt 259	
CITY-ST-ZIP	Orlando, FL 32818	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Theodore M. Washington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04 407-340-4496