


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000006135</b> <small>1. Entity Name</small> LEVIN AND RINKE DEVELOPMENT, INC.	
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<small>Principal Place of Business</small> TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561	<small>Mailing Address</small> TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561
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03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3497639	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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<small>6. Name and Address of Current Registered Agent</small>  CAMPBELL, JAMES S 501 COMMENDENCIA STREET PENSACOLA, FL 32501
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6. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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	PS LEVIN, ALLEN R TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RINKE, ROBERT TEN PORTOFINO DRIVE PENSACOLA BEACH, FL 32561
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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RECEIVED  
04/12/06 08:00 AM \$150.00

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:  Robert L. Rinke 3/28/06 850-916-5050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #