

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90242 011 \*\*\*150.00

**DOCUMENT # P99000098956**

1. Entity Name

RINEHART RIDGE III, INC.



Principal Place of Business

3600 VINELAND ROAD  
SUITE 1010  
ORLANDO, FL 32811

Mailing Address

3600 VINELAND ROAD  
SUITE 1010  
ORLANDO, FL 32811

**DO NOT WRITE IN THIS SPACE**



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3619044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BARKER, EARL M JR  
334 E DUVAL ST  
JACKSONVILLE, FL 32202

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IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	WEBB, DANIEL E
STREET ADDRESS	3600 VIEWLAND RD STE 101
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	ASD
NAME	BARKER, EARL M JR.
STREET ADDRESS	334 E. DUVAL STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_

**Earl M. Barker, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/05 (904) 353-0033**

Date

Daytime Phone #