


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 A
Secretary of State

DOCUMENT # P03000118860 1. Entity Name RAINS CONSTRUCTION OF PENSACOLA, INC.	
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Principal Place of Business 2529 TARKILN OAKS DR PENSACOLA, FL 32506	Mailing Address 2529 TARKILN OAKS DR PENSACOLA, FL 32506
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DO NOT WRITE IN THIS SPACE



02162005 No Chg-P CF2E034 (10/03)

4. FEI Number 20-0322909	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

RAINS, ANDREW J
2529 TARKILN OAKS DR
PENSACOLA, FL 32506

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000330791 04/25/05-80170-011 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAINS, ANDREW J 2529 TARKILN OAKS DR PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CLOUSE, DONALD 5701 GARCON BLVD PENSACOLA, FL 32506
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RAINS, ANDREW JEREMY 109 MARETTA AVE PENSACOLA, FL 32507
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: Sherr Rains / Sherr Rains 4-22-05 850-497-0790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #