

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 07, 2008 08:00 AM
Secretary of State**DOCUMENT # F46356**1. Entity Name
RAINY DAY, INC.Principal Place of Business
**801 BELVEDERE RD
W PALM BEACH, FL 33405**Mailing Address
**801 BELVEDERE RD
W PALM BEACH, FL 33405**

04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2185058 Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required****DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**SMITH, PATRICIA
1265 SURF ROAD
SINGER ISLAND, FL 33404****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

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, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, JESSICA E
STREET ADDRESS	3753 GULL ROAD
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	BOZEMAN, JOEL H
STREET ADDRESS	2373 S. WALLEN
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	TREA
NAME	SMITH, PATRICIA
STREET ADDRESS	1265 SURF ROAD
CITY-ST-ZIP	SINGER ISLAND, FL 33404
TITLE	SEC
NAME	SMITH, PATRICIA
STREET ADDRESS	1265 SURF ROAD
CITY-ST-ZIP	SINGER ISLAND, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000949135
06/03/08-80015-023 150.00**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia A. Smith **PATRICIA A. SMITH**

4/29/08

Date

561 844-6812

Daytime Phone