

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000061486

FILED
Apr 16, 2009
Secretary of State

Entity Name: RAINES ASSETS (FLORIDA), INC.

Current Principal Place of Business:

1 BEACH DRIVE SE STE 220
ST PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

1 BEACH DRIVE SE STE 220
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-3730961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POSKUS, SUSAN I CPA
1 BEACH DRIVE SE STE 220
ST PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

DOERR, CAROL CPA
1 BEACH DRIVE SE STE 220
ST PETERSBURG, FL 33701 US

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.

SIGNATURE: CAROL DOERR, CPA 04/16/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARLEY, PIERS
Address: 1 BEACH DRIVE SE STE 220
City-St-Zip: ST PETERSBURG, FL 33701

Title: D () Delete
Name: HARLEY, NEAL
Address: 1 BEACH DRIVE SE STE 220
City-St-Zip: ST PETERSBURG, FL 33701

Title: D () Delete
Name: ROBERGE, THOMAS
Address: 1 BEACH DRIVE SE STE 220
City-St-Zip: ST PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL DOERR, CPA CPA 04/16/2009

Electronic Signature of Signing Officer or Director Date