## 2005 FOR PROFIT CORPORATION

## **FILED** Feb 07, 2005 8:00 am Secretary of State

ANNUAL REPORT							•		
DOCUMENT # P0100080868  1. Entity Name RAINS MARINE CONSTRUCTION INC						02-07-2005	5 90089 029	9 ***150	0.00
Principal Place	e of Business	Mailing Address							
105 RIVERS East Palath	EDGE DRIVE KA, FL 32131	105 RIVERS EDGE DRIVE EAST PALATKA, FL 3213	1				5001	11072	,
								II IBII <b>P G</b> IIDI IBI	
<sup>2</sup> 2 <sup>2</sup> 3 Carter Crabtree Ro		223 Mailing Address Carter Crabtree Rd.							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01312005	Chg-P	CR2E03	34 (10/03)	
E. Palatka, FL		E. Palatka, FL			4. FEI Number         Applied For           59-3736481         Not Applicable				t Applicable
32131	Country USA	32131	Country USA	<b>,</b>		of Status Desired	·	8.75 Add ee Required	
	6. Name and Address of Current I	Registered Agent	Name		7. Name and	Address of New	Registered A	gent	
RAINS, THOMPSON M			Rain	Rains, Thompson M. Street Address (P.O. Box Number is Not Acceptable) 223 Carter Crabtree Rd.					
10% RIVER3X5DGE:DRIVE 5AST P&LATKA ELx 32131x				Car	ter Cra	btree	Řä.		
AXXXXX								_	
			Eity 1	E. Palatka			FL	32f3	1
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 NOWILL FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.									
				<b>\$5.</b> Add	00 May Be ed to Fees				
After Ma	ay 1, 2005 Fee will be \$550.0	Trust Fund Contrib	ution.	<b>\$5.</b> Add		CHANGES TO O	FFICERS AND	DIRECTORS	3 IN 11
		Trust Fund Contrib		\$5. Add		CHANGES TO O	FFICERS AND	. DIRECTORS  Change	S IN 11
After Ma  10.  IIILE  NAME	OFFICERS AND PTD RAINS, THOMPSON M	Trust Fund Contrib	11. TITLE NAME		ADDITIONS/0			☐ Change	
After Ma	officers and	Trust Fund Contrib	11.	223		Crabt:		☐ Change	
After Ma  10. TITLE NAME SIREET ADDRESS CITY-SI-ZIP TITLE	PTD RAINS, THOMPSON M 103 RIXBRS 203EXXXIII EXSTRUCTOR STATE  VSD	Trust Fund Contrib	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	223	ADDITIONS/G	Crabt:	ree Rd 32131	☐ Change	
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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.

CITY-ST-ZIP

Thompson M. Rains President **SIGNATURE:** 

01/28/05

904-540-6588

Daytime Phone #

CITY-ST-ZIP