

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90382 026 ***150.00

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04272006 Chg-P CR2E034 (11/05)

DOCUMENT # P01000080868 1. Entity Name RAINS MARINE CONSTRUCTION INC					
Principal Place of Business 223 CARTER CRABTREE ROAD EAST PALATKA, FL 32131			Mailing Address 223 CARTER CRABTREE ROAD EAST PALATKA, FL 32131		
2. Principal Place of Business 502 No. 3rd Street Suite, Apt. #, etc.		3. Mailing Address 502 No. 3rd Street Suite, Apt. #, etc.			
City & State Palatka, FL		City & State Palatka, FL		4. FEI Number 59-3736481	
Zip 32177		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAINS, THOMPSON M 223 CARTER CRABTREE ROAD EAST PALATKA, FL 32131			7. Name and Address of New Registered Agent Name Rains, Thompson M. Street Address (P.O. Box Number is Not Acceptable) 502 No. 3rd Street Palatka, FL 32177 City FL Zip Code		
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete RAINS, THOMPSON M 223 CARTER CRABTREE ROAD EAST PALATKA, FL 32131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 502 No. 3rd Street Palatka, FL 32177	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VSD RAINS, CATHERINE G 223 CARTER CRABTREE ROAD EAST PALATKA, FL 32131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 502 No. 3rd Street Palatka, FL 32177	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Thompson M. Rains SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/27/06 Date Thompson M. Rains, President		
			904 540-6588 Daytime Phone #		