

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000000019**

1. Entity Name

**RAINMAKER UNLIMITED CORPORATION**



Principal Place of Business

**730 RAFAEL BLVD NE  
ST PETERSBURG, FL 33704**

Mailing Address

**730 RAFAEL BLVD NE  
ST PETERSBURG, FL 33704**



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number

**80-0039969**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 32301-0000**

**DO NOT WRITE  
IN THIS SPACE**

I, 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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
DAURIA, NICOLE  
730 RAFAEL BLVD NE  
ST PETERSBURG, FL 33704**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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U00000168998  
08/02/04-80006-004 150.00

**DO NOT WRITE  
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)(f), 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

**7.25.04**

Date

Daytime Phone #

**(727) 822-7755**