2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000048347

1. Entity Name
RAINY DAZE ENTERPRISES, INC.

FILED
Apr 29, 2004 08:00 AM
Secretary of State

Principal Place of Business
2931 SW 22ND CIR STE 31D
DELRAY BCH, FL 33445

Mailing Address
2931 SW 22ND CIR STE 31D
DELRAY BCH, FL 33445

04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0073433
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIGAN, LORAINE A
2931 SW 22ND CIR STE 31D
DELRAY BCH, FL 33445

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000138671
04/29/04-80091-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARRIGAN, LORAINE A
STREET ADDRESS	2931 SW 22ND CIR STE 31D
CITY-ST-ZIP	DELRAY BCH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(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.

SIGNATURE: Loraine A Harrigan 4/26/04 561-901-5411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #