

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 10, 2005 8:00 am**  
**Secretary of State**


05-10-2005 90112 016 \*\*\*150.00

1902



04282005 No Chg-P CR2E034 (10/03)

**DOCUMENT # P03000000954**  
 1. Entity Name  
**RAINES POWER WINDOW, INCORPORATED**



Principal Place of Business  
**1715 COACHMAN PLAZA DRIVE  
 CLEARWATER, FL 33759**

Mailing Address  
**1715 COACHMAN PLAZA DRIVE  
 CLEARWATER, FL 33759**

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0662284</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**RAINES, STEVE  
 1715 COACHMAN PLAZA DRIVE  
 CLEARWATER, FL 33759**

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAINES, G STEVE 2161 VICTORIA DR CLEARWATER, FL 33763
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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.

**SIGNATURE:** Steve Raines **STEVE RAINES** 5/5/05 727 797 5586  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #