

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Aug 01, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P03000058769**

1. Entity Name  
**RACINE DESIGN, INC.**



Principal Place of Business  
**5236 RICKER ROAD  
UNIT 2  
JACKSONVILLE, FL 32210**

Mailing Address  
**5236 RICKER ROAD  
UNIT 2  
JACKSONVILLE, FL 32210**



07282005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>32-0078936</b>	Applied For <input type="checkbox"/> 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**

**ROTHSTEIN, SETH L  
4417 BEACH BOULEVARD  
SUITE 104  
JACKSONVILLE, FL 32207**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

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	PD
NAME	RACINE, CAROL J
STREET ADDRESS	5236 RICKER ROAD #2
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	VSTD
NAME	RACINE, DON F
STREET ADDRESS	5236 RICKER ROAD #2
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	VD
NAME	MAYS, SAM
STREET ADDRESS	5236 RICKER ROAD #2
CITY-ST-ZIP	JACKSONVILLE, FL 32210

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/01/05-80006-015 150.00

**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)(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Carol J Racine* **Carol J Racine** 7-28-05 (904) 771-8170