

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90028 018 \*\*\*150.00

**DOCUMENT # P03000068944**

1. Entity Name

RAINEY & ASSOCIATES, INC.



Principal Place of Business  
2756 HAVERHILL CT  
CLEARWATER FL 33761

Mailing Address  
2756 HAVERHILL CT  
CLEARWATER FL 33761

2. Principal Place of Business

HOME

3. Mailing Address

2756 HAVERHILL CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

06-1700408

Applied For

Not Applicable

Zip  
33761

Country

U.S.A.

Zip  
33761

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HOLLAND, DON  
2756 HAVERHILL CT  
CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code  
33761

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

*Don Holland*

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**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HOLLAND, DON**  
STREET ADDRESS **2756 HAVERHILL CT**  
CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Don Holland*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-06

(727)  
687-5314