2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State
01-26-2005 90027 048 ***158.75

DOCUMENT # P04000148541

1. Entity Name
RAINEY'S ROOFING INC.

50006903

Principal Place of Business	Mailing Address
2090 S. NOVA RD SUITE AA12 SOUTH DAYTONA, FL 32119	2090 S. NOVA RD SUITE AA12 SOUTH DAYTONA, FL 32119

01182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
796 Sanders Road	796 Sanders Rd.
Suite, Apt. #, etc. Suite #3	Suite, Apt. #, etc. Suite #3
City & State Port Orange, FL	City & State Port Orange, FL
Zip 32127 Country U.S.A.	Zip 32127 Country U.S.A.

4. FEI Number 20-1819395 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARGRAVE, MISTY
2090 S. NOVA RD
SUITE AA12
SOUTH DAYTONA, FL 32119

7. Name and Address of New Registered Agent

Name Margrave, Misty
Street Address (P.O. Box Number is Not Acceptable) 796 Sanders Road, Suite #3
City Port Orange FL Zip Code 32127

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] Jan. 19/2005
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PVST	☐ Delete	TITLE	President ☑ Change ☐ Addition
NAME	MARGRAVE, MISTY		NAME	Margrave, Misty
STREET ADDRESS	2090 S. NOVA RD, SUITE AA12		STREET ADDRESS	796 Sanders Rd., Suite #3
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119		CITY-ST-ZIP	Port Orange, FL 32127
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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] Jan. 19/05 386.767.9005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #