

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90125 004 ***150.00

DOCUMENT # P05000045145

1. Entity Name
RAINMAN REMODELING, INC.



Principal Place of Business
**5230 STARLING DR
MULBERRY, FL 33860**

Mailing Address
**5230 STARLING DR
MULBERRY, FL 33860**

40047923



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES INC
2731 EXECUTIVE PARK DR SUITE 4
WESTON, FL 33331**

7. Name and Address of New Registered Agent

Name **RAYMOND Blackner**
Street Address (P.O. Box Number is Not Acceptable)
5230 Starling Drive
City **Mulberry** FL **33860**

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

Raymond Blackner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BLACKNER, RAYMOND A | |
| STREET ADDRESS | 5230 STARLING DR | |
| CITY-ST-ZIP | MULBERRY, FL 33860 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAVIS, MACE E | |
| STREET ADDRESS | 500 TANGERINE ST | |
| CITY-ST-ZIP | MULBERRY, FL 33860 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BLACKNER, SUSAN C | |
| STREET ADDRESS | 5230 STARLING DR | |
| CITY-ST-ZIP | MULBERRY, FL 33860 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BLACKNER, RAYMOND A | |
| STREET ADDRESS | 5230 STARLING DR | |
| CITY-ST-ZIP | MULBERRY, FL 33860 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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:

Raymond Blackner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-06