

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P07000086474

1. Entity Name

RAIN DROPS CISTERN INC.



Principal Place of Business

209 HILLS RD
NOKOMIS FL 34275
US

Mailing Address

209 HILLS RD
NOKOMIS FL 34275
US

2. Principal Place of Business - No P.O. Box #

1649-B Bayshore
Suite, Apt. #, etc.

3. Mailing Address

1649-B Bayshore
Suite, Apt. #, etc.

City & State

Nokomis, FL
Zip 34275 Country

City & State

Nokomis, FL 34275
Zip Country

4. FEI Number

71-1037426

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CERRA, LISA C
209 HILLS RD
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name Charles E. VERMILYEA
Street Address (P.O. Box Number is Not Acceptable)
1649-B Bayshore
City Nokomis, FL Zip Code 34275

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)

9-30-08
DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 3, 2008

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	VERMILYEA, CHARLES E	
STREET ADDRESS	209 HILLS RD	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CERRA, LISA C	
STREET ADDRESS	209 HILLS RD	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	SEC	<input type="checkbox"/> Delete
NAME	CERRA, LISA C	
STREET ADDRESS	209 HILLS RD	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	VERMILYEA, CHARLES E	
STREET ADDRESS	209 HILLS RD	
CITY-ST-ZIP	NOKOMIS FL 34275	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1649-B Bayshore	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1649-B Bayshore	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1649-B Bayshore	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1649-B Bayshore	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700136618337	
STREET ADDRESS	10/03/08--01054--010	
CITY-ST-ZIP	**150.00	
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-30-08

Date

(813) 838-1417

Daytime Phone #