

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000069132

1. Entity Name

RAINEY INSURANCE CONSULTANTS, INC.



Principal Place of Business

9650 VILLAGE VIEW  
BONITA SPRINGS, FL 34135

Mailing Address

9650 VILLAGE VIEW  
BONITA SPRINGS, FL 34135



02232005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0519077

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAINEY, FRANK C  
9650 VILLAGE VIEW  
BONITA SPRINGS, FL 34135

**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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000313595  
04/18/05-80126-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	RAINEY, FRANK C
STREET ADDRESS	9650 VILLAGE VIEW BLVD.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	DVS
NAME	RAINEY, BARBARA W
STREET ADDRESS	9650 VILLAGE VIEW BLVD.
CITY-ST-ZIP	BONITA SPRINGS, FL 34135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #