

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90219 008 ***150.00

DOCUMENT # S03195

1. Entity Name
RAINES 5123, INC.



Principal Place of Business
**C/O DE ROBINSON
7168 RUE DE PALISADES
SARASOTA, FL 34238 US**

Mailing Address
**C/O DE ROBINSON
7168 RUE DE PALISADES
SARASOTA, FL 34238 US**

50052027



2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

04222005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3030165

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional See Required**

6. Name and Address of Current Registered Agent
**ROBINSON, DANIEL E
7168 RUE DE PALISADES
SARASOTA, FL 34238**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, 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. (R)
Date when reinstating: _____ DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST ROBINSON, DANIEL E 7168 RUE DE PALISADES SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBINSON, JOANNE 7168 RUE DE PALISADES SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ **5-5-05 941 921 7853**
Signature and typed or printed name of signing officer or director Date Daytime Phone #