

2006 FOR PROFIT CORPORATION ANNUAL REPORT

07-12-2006 90004 007 ***158.75

FILED S03195

06 SEP 19 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

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



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3030165
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBINSON, DANIEL E
7168 RUE DE PALISADES
SARASOTA, FL 34238

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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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	ROBINSON, DANIEL E
STREET ADDRESS	7168 RUE DE PALISADES
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	V
NAME	ROBINSON, JOANNE
STREET ADDRESS	7168 RUE DE PALISADES
CITY-ST-ZIP	SARASOTA, FL 34238
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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]
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/06 (941) 921 7843
DANIEL E. ROBINSON

Daytime Phone

ATTACHMENT

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FROM: RALPHS 34408 INC \$63316

CAKS 626 INC #L63295

RAINES 5193 INC 503195

MEK 711 INC L11802

c/o DANIEL E. ROBINSON, PRES.

7168 RUE DE PALISADES

SARASOTA, FL 34238

DATE: 7/7/06

TO: DIVISION of CORPORATIONS

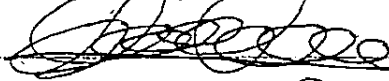
RE: ANNUAL REPORT (4 CORPORATIONS)

SUBJ: FOUR CARDS "NOTICE OF INTENT TO DISSOLVE"
(RECEIVED 7/3/06)

I CALLED TALLAHASSEE 7/6/06 & WAS ADVISED
(AS I DID NOT RECEIVE CARDS PREVIOUSLY) TO
PAY \$150⁰⁰ PER CORP. 2004

INCLUDED (4) FOUR CHECKS
FOR (4) FOUR CORPORATIONS FOR
\$150⁰⁰ + \$25 FOR CERTIFICATE OF STATUS

THANK YOU



DANIEL E. ROBINSON, PRES