2006 FOR PROFIT CORPORATION ANNUAL REPORT

07-12-2006 90004 007 ***158.75

S03195

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

DOCUMENT # S03195

1. Entity Name
RAINES 5123, INC.

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

DO NOT WRITE IN THIS SPACE

07062006 No Chg-P CR2E034 (11/05)

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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ PRES 7/7/06 (941)921 7863
FIRST MANDATORY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DANIEL E. ROBINSON Daytime Phone #

ATTACHMENT

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FROM: RALPHS 34408 INC $63316
OAKS 626 INC #L63295
RAINES 5193 INC 503195
M&K 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 $150 PER CORP. 2006

ENCLOSED (4) FOUR CHECKS FOR (4) FOUR CORPORATIONS FOR $150 & $8.75 FOR CERTIFICATE OF STATUS

THANK YOU

DANIEL E. ROBINSON, PRES