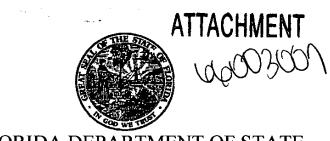
## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** Feb 28, 2006 8:00 am **Secretary of State**

02-15-2006 90046 018 \*\*\*150.00 **DOCUMENT # V27682** 1. Entity Name RAWHIDE, INC. Principal Place of Business Mailing Address P.O. BOX 612 BONIFAY FL 32425 P.O. BOX 612 BONIFAY FL 32425 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3120103 Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired 32425 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEWEES, DALLAS 2206 HORSE BARN ROAD Street Address (P.O. Box Number is Not Acceptable) WESTVILLE FL 32464 Zip Code 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. 1-31-06 KAREN Wise ے ع ک (NOTE: Registored Agent signature retrured when remutating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 - 8 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. RILE C Celete TITLE ☐ Change ☐ Addition NAME DEWEES, DALLAS NAME STREET ADDRESS STREET ADDRESS 2206 HÖRSE BARN ROAD CITY-ST-ZIP WESTVILLE FL 32464 CITY-ST-ZIP Delete Addition TITLE NAME MAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP City.St.70 HILE Delete MILE ☐ Change \_\_\_\_ Addition STREET ADDRESS STREET ADDRESS City-St-200 CITY-SI-7P ☐ Change ☐ Addition ITTLE Delete NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-712 TITLE Delete ☐ Change Addition NAME MALKE STREET ADDRESS STREET ADDRESS CITY-51-70P CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7:P 12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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

	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone 8	
SIGNATURE:	Haren Wise	KAREN Wise	Sec	1-31-06		
it changed, or on an attachment with an address, with all other like empowered.						



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2006

RAWHIDE, INC. P.O. BOX 612 BONIFAY, FL 32425

Subject: RAWHIDE, INC.

Reference Number:

V27682

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/cd ANNUAL REPORTS SECTION