

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-15-2006 90046 018 \*\*\*150.00

<b>DOCUMENT # V27682</b> 1. Entity Name <b>RAWHIDE, INC.</b>			
Principal Place of Business <b>P.O. BOX 612 BONIFAY FL 32425</b>		Mailing Address <b>P.O. BOX 612 BONIFAY FL 32425</b>	
2. Principal Place of Business <b>1789 Hwy 162</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 612</b> Suite, Apt. #, etc.	
City & State <b>Westville FL</b>		City & State <b>Bonifay FL</b>	
Zip <b>32464</b>		Zip <b>32425</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3120103</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DEWEES, DALLAS 2206 HORSE BARN ROAD WESTVILLE FL 32464</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u>Karen Wise Sec</u> DATE: <u>1-31-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEWEES, DALLAS 2206 HORSE BARN ROAD WESTVILLE FL 32464	<input type="checkbox"/> Delete	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 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 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: <u>Karen Wise</u> <u>KAREN WISE</u> <u>Sec</u>		DATE: <u>1-31-06</u>	



ATTACHMENT

W0003007

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 **has not been filed** 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