## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 300980** 

Address:

City-St-Zip:

FILED Apr 28, 2009 Secretary of State

Entity Nam	1e: RAFTER	T REALTY INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
7400 ARBU SEBRING,	JCKLE CREE FL 33870	K RD US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
3200 US HI SUITE 201 SEBRING,	WY 27 SOUT FL 33870	H US			
FEI Number:	59-1160734	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and Address o	f New Registered Agent:	
WOHL, JAMES M 1800 STATE RD 17 SOUTH AVON PARK, FL 33825 US			SUITE 201	3200 ÚS HWY 27 SOUTH	
The above in the State	named entity of Florida.	submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				04/28/2009	
	Electro	nic Signature of Registered Agen	t	Date	
Election Cam	paign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP ( MAYWORTH, F 7400 ARBUCK SEBRING, FL	LE CREEK RD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ( HANDLEY, WII 2636 MELLOW SEBRING, FL	/ LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	WOHL, JAMES 1800 STATE R	D 17 SOUTH	Title: Name: Address:	( ) Change ( ) Addition	
	AVON PARK, F	L 33825	City-St-Zip:		
Title: Name: Address: City-St-Zip:		) Delete FRICIA W / LANE	City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JAMES M. WOHL **PRES** 04/28/2009

7400 ARBUCKLE CREEK ROAD

SEBRING, FL 33870