


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K08415 1. Entity Name RAINTREE UTILITIES, INC.	
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Principal Place of Business 2100 LAKE EUSTIS DRIVE TAVARES, FL 32778 US	Mailing Address 2100 LAKE EUSTIS DRIVE TAVARES, FL 32778 US
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DO NOT WRITE IN THIS SPACE



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2682967	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SHAMROCK, KEITH J.
2100 LAKE EUSTIS DRIVE
TAVARES, FL 32778**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN0000551604 05/13/06-80101-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAMROCK, KEITH J P.O. BOX 1640 EUSTIS, FL 327261640
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, FRED 4811 CR 117 A WILDWOOD, FL 32778
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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:  **4/27/06 352-461-4246**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #