


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # L59557	
1. Entity Name RAAH OF CHARLOTTE COUNTY, INC.	

Principal Place of Business 5601 DUNCAN RD PUNTA GORDA FL 33951 US	Mailing Address 5601 DUCAN RD PUNTA GORDA FL 33982 US
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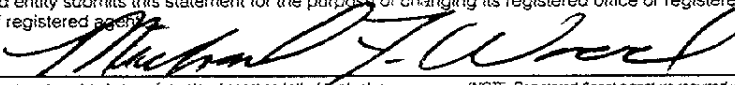
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

	
MOORE	CR2E034 (11/03)
4. FEI Number 65-0195693	<input type="checkbox"/> 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 WOOD, MICHAEL F 4900 RUSTIC DR PUNTA GORDA FL 33982

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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.	
SIGNATURE 	DATE 2/23/04
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT	NAME WOOD, MICHAEL F	TITLE	NAME
STREET ADDRESS 4900 RUSTIC DR	CITY-ST-ZIP PUNTA GORDA FL 3398	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V	NAME ROSE, STANLEY M.	TITLE	NAME
STREET ADDRESS 5000 RUSTIC DR.	CITY-ST-ZIP PUNTA GORDA FL	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T	NAME ROSE, SUSAN V.	TITLE	NAME
STREET ADDRESS 5001 RUSTIC DRIVE	CITY-ST-ZIP PUNTA GORDA FL 33982	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S	NAME IKEWOOD, ELSA L	TITLE	NAME
STREET ADDRESS 5601 DUNCAN RD L-213	CITY-ST-ZIP PUNTA GORDA FL 33982	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.
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SIGNATURE: 
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
<small>Date</small> 2/23/04 <small>Daytime Phone #</small> (941) 575-1286