


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000066674 1. Entity Name RAINFOREST AT SIESTA KEY VILLAGE, INC.	
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Principal Place of Business 5108 OCEAN BLVD SARASOTA, FL 34242	Mailing Address 5108 OCEAN BLVD SARASOTA, FL 34242
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WILSON, CATHY A 615 NORTH OSPREY AVE. SARASOTA, FL 34236
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03092005 No Chg-P CR2E034 (10/03)	
4. FEI Number 37-1433696	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000261330 03/14/05-80006-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WILSON, CATHY A 615 NORTH OSPREY AVE. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILSON, MATTHEW T 615 NORTH OSPREY AVE, SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Cathy A. Wilson Cathy A. Wilson 3/9/05 (941)349-3554
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #