

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90034 021 \*\*\*150.00

**DOCUMENT # P06000128533**

1. Entity Name  
**RATON MANAGEMENT, INC.**



Principal Place of Business

**621 NW 53 CT  
STE #240  
BOCA RATON, FL 33487**

Mailing Address

**621 NW 53 CT  
STE #240  
BOCA RATON, FL 33487**



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-5700029**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**BYER, BARBARA C  
5106 C LAKE CATALINA DRIVE  
BOCA RATON, FL 33496**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May.1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **P**  
NAME **BYER, BARBARA**  
STREET ADDRESS **5106 C LAKE CATALINA DRIVE**  
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE **VP**  
NAME **BYER, MICHAEL J**  
STREET ADDRESS **5106 C LAKE CATALINA DRIVE**  
CITY-ST-ZIP **BOCA RATON, FL 33496**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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 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:** BARBARA C BYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Barbara C Byer* 3/12/08 9441883



ATTACHMENT 40052756  
# P06000128533  
**HOME MANAGEMENT RESOURCES**

5499 N. Federal Highway  
Suite L

Boca Raton, FL 33487

Office: (561) 994-1883

Fax: (561) 994-7540

Email: [homemanage@gmail.com](mailto:homemanage@gmail.com)

Website: [www.hmronline.com](http://www.hmronline.com)

**Raton Management has moved to:**  
**5499 N Federal Highway Suite-L**  
**Boca Raton FL, 33487**