

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 APR 29 AM 9:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P94000018769</b> 1. - Entity Name <b>RAINTREE CONSTRUCTION COMPANY, INC.</b>	
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Principal Place of Business <b>5423 WATERVALLEY CT. TALLAHASSEE, FL 32303</b>	Mailing Address <b>P.O. BOX 13341 TALLAHASSEE, FL 32303</b>
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DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3231698</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

JURGUTIS, VYTAUTAS  
5423 WATERVALLEY CT.  
TALLAHASSEE, FL 32303

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME	P JURGUTIS, VYTAUTAS
STREET ADDRESS CITY-ST- ZIP	5423 WATERVALLEY CT. TALLAHASSEE, FL 32303
TITLE NAME	
STREET ADDRESS CITY-ST- ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST- ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST- ZIP	
TITLE NAME	
STREET ADDRESS CITY-ST- ZIP	

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IN THIS SPACE

600073981736  
05/04/06--01013--020 \*\*150.00

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: *[Signature]* Date: 4/28/06 (550)562-8987  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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