


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90222 011 ***150.00

DOCUMENT # P95000004404	
1. Entity Name RAKAMA ENTERPRISES, INC.	

Principal Place of Business 6123 ROUNDLAKE ROAD APOPKA, FL 32712	Mailing Address P.O. BOX 797 ZELLWOOD, FL 32798
2600 Junction Road - Zellwood, FL	

DO NOT WRITE IN THIS SPACE

32798



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3300444	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROBERTS, ALLEN R 6123 ROUNDLAKE ROAD APOPKA, FL 32712 2600 Junction Rd, Zellwood - FL 32798

**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 Allen R Roberts, Pres. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE 4-18-05

**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
---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTS, ALLEN R 2600 Junction Rd Zellwood, FL 32798 6123 ROUNDLAKE ROAD APOPKA, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROBERTS, KATHY R 6123 ROUNDLAKE ROAD APOPKA, FL 32712
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	

**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: Kathy R Roberts <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/18/05 (401) 889-2690 <small>Date Phone</small>