

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000041769

1. Entity Name
RAO HOLDINGS, INC.



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

04-25-2005 90308 029 ***150.00

50043800

Principal Place of Business
4430 S. ORANGE BLOSSOM
KISSIMMEE, FL 34746

Mailing Address
4430 S. ORANGE BLOSSOM
KISSIMMEE, FL 34746

DO NOT WRITE IN THIS SPACE

01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3459919	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

O'SHAUGHNESSY, ROSEMARIE
4430 S. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34746

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME O'SHAUGHNESSY, ROSEMARIE
STREET ADDRESS 4430 S. ORANGE BLOSSOM TRAIL
CITY-ST-ZIP KISSIMMEE, FL 34746

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rosemarie O'Shaughnessy, Director

4-19-05 407-847-2477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Rosemarie O'Shaughnessy