

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000027089

1. Entity Name  
RAINTREE MANOR, INC.



Principal Place of Business  
17853 63RD ROAD NORTH  
LOXAHATCHEE, FL 33470

Mailing Address  
17853 63RD ROAD NORTH  
LOXAHATCHEE, FL 33470

**FILED  
May 03, 2004 8:00 am  
Secretary of State**

05-03-2004 90415 019 \*\*\*150.00

**54047380**



03092004 No Chg-P CR2E034 (10/03)

|                                  |   |
|----------------------------------|---|
| 4. FEI Number<br>65-0840917      | Applied For<br>Not Applicable                           |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

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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 remailing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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 BAGO, ROSALIE L  
STREET ADDRESS 17853 63RD ROAD NORTH  
CITY - ST - ZIP LOXAHATCHEE, FL 33470

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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: Rosalie Bago, Pres 2/4/04 561-656-1937**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-656-1937

Daytime Phone #