

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59557

FILED  
Apr 21, 2011  
Secretary of State

**Entity Name:** RAAH OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

5601 DUNCAN RD  
PUNTA GORDA, FL 33982 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JACK O. HACKETT II  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

**FEI Number:** 65-0195693      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HACKETT, JACK O  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: WOOD, MICHAEL F  
Address: 4900 RUSTIC DR  
City-St-Zip: PUNTA GORDA, FL 3398

Title: V  
Name: ROSE, STANLEY M.  
Address: 1257 ODYSSEY COURT  
City-St-Zip: PUNTA GORDA, FL 33983

Title: T  
Name: ROSE, SUSAN V  
Address: 363 HALLCREST TERR  
City-St-Zip: PORT CHARLOTTE, FL 32854

Title: S  
Name: IKEWOOD, ELSA L  
Address: 5601 DUNCAN RD L-72  
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL WOOD

P

04/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date