FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000044036

1. Entity Name
Range Road Enterprises, Inc

FILED
09 FEB 17 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034B (8/05)

2. Principal Place of Business	3. Mailing Address
2048 Range Road	155 Bluff View Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc Apt 209
City & State Clearwater FL	City & State Belleair Bluffs FL
Zip / Country 34625 / USA	Zip / Country 33770 / USA

4. FEI Number
26-0110095
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
Mary McManus Taylor

Street Address (P.O. Box Number is Not Acceptable)
79 Overbrook Blvd

City: Largo **FL** Zip Code: 33770

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)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Ruth H Fedorsyn
STREET ADDRESS	155 Bluff View Drive Apt 209
CITY-ST-ZIP	Belleair Bluffs FL 33770
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ruth H Fedorsyn Ruth H Fedorsyn 2/12/09
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #