

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000055080					
1. Entity Name GRANADA RANCH ENTERPRISES, INC.					
Principal Place of Business 600 S. PARROTT AVENUE OKEECHOBEE FL 34974		Mailing Address 600 S. PARROTT AVENUE OKEECHOBEE FL 34974			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent HOOOKEER, CHRISTINA P 600 SOUTH PARROTT AVENUE OKEECHOBEE FL 34974-5136		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
<table border="1"> <tr> <td>FL</td> <td>Zip Code</td> </tr> </table>				FL	Zip Code
FL	Zip Code				



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0506531 ☐ Applied For
Not Applicable

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

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.

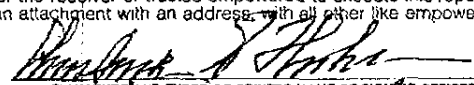
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOOKER, CHRISTINA P 600 S. PARROTT AVENUE OKEECHOBEE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U000000429472 02/22/06-80011-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PELAEZ, RALPH P 600 S. PARROTT AVENUE OKEECHOBEE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **02/08/06 863-763-4627**