


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000101962  
1. Entity Name  
05 RANCH INC.



Principal Place of Business  
655 CORTO RIDGE DRIVE  
NEW SMYRNA BEACH, FL 32168

Mailing Address  
655 CORTO RIDGE DRIVE  
NEW SMYRNA BEACH, FL 32168

**DO NOT WRITE IN THIS SPACE**



02272006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0428989	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DANIEL, MARK W SR.  
655 CORTO RIDGE DRIVE  
NEW SMYRNA BEACH, FL 32168

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DANIEL, MARK W SR. 655 CORTO RIDGE DRIVE NEW SMYRNA BEACH, FL 32168
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04/10/06-80034-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Mark W. Daniel Sr. PRESIDENT 3/21/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #