

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 369122**  
 1. Entity Name  
**LIVE OAK RANCH, INC.**



Principal Place of Business      Mailing Address  
**5600 E. IRLO BRONSON HWY**      **5600 E. IRLO BRONSON HWY**  
**SAINT CLOUD FL 34771**      **SAINT CLOUD FL 34771**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/05)

4. FCI Number      **59-2263849**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, C.D. JR**  
**1221 10TH ST**  
**ST CLOUD FL 34769**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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)

**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 Be  
 Trust Fund Contribution.            Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STVD	<input type="checkbox"/> Delete
NAME	BAUKNIGHT, BETTY LOU	
STREET ADDRESS	5600 E. IRLO BRONSON HWY.	
CITY- ST- ZIP	ST CLOUD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAUKNIGHT, BETTY LOU	
STREET ADDRESS	5600 E. IRLO BRONSON HWY.	
CITY- ST- ZIP	ST CLOUD FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAUKNIGHT, JAMES H.	
STREET ADDRESS	5600 E. IRLO BRONSON HWY.	
CITY- ST- ZIP	ST. CLOUD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, C D JR	
STREET ADDRESS	329 KENTUCKY AVE.	
CITY- ST- ZIP	ST. CLOUD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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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 807, 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: Betty Lou Bauknight      **BETTY LOU BAUKNIGHT**      **3-3-06**      **407-892-8508**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #