

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 21, 2006 8:00 am
Secretary of State

05-02-2006 90152 044 ***100.00
06-21-2006 90001 010 ****50.00

DOCUMENT # 434454

1. Entity Name
WARD RANCH, INC.



Principal Place of Business
**1855 TAYLOR CREEK RD.
PO BOX 65
CHRISTMAS, FL 32709**

Mailing Address
**1855 TAYLOR CREEK RD.
CHRISTMAS, FL 32709 US**



03172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1497702 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DRAVES, DONNA
120 EAST CONCORD STREET
ORLANDO, FL 32801**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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	DP
NAME	WARD, DAVID R.
STREET ADDRESS	1703 TAYLOR CREEK RD
CITY-ST-ZIP	CHRISTMAS, FL 32709
TITLE	VD
NAME	WALTER, JANIS M
STREET ADDRESS	1855 TAYLOR CREEK RD
CITY-ST-ZIP	CHRISTMAS, FL 32709
TITLE	TD
NAME	DRINKWATER, EMILY
STREET ADDRESS	1855 TAYLOR CREEK ROAD
CITY-ST-ZIP	CHRISTMAS, FL 32709
TITLE	D
NAME	WALTER, MATTHEW
STREET ADDRESS	217 GEORGIA AVE
CITY-ST-ZIP	SAINT CLOUD, FL 34769
TITLE	D
NAME	SIMMONS, REBECCA
STREET ADDRESS	829 CHICKASAW TRAIL
CITY-ST-ZIP	ORLANDO, FL 32825
TITLE	D
NAME	AVERHOFF, MICHELLE
STREET ADDRESS	3302 F ROAD
CITY-ST-ZIP	GARDEN CITY, KS 67846

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IN THIS SPACE**

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

Janis M Walter V.P. 6/12/2006