


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90032 004 ***150.00

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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1497702	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAVES, DONNA 120 EAST CONCORD STREET ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name DAVID WARD Street Address (P.O. Box Number is Not Acceptable) 1703 Taylor Creek Rd City Christmas FL Zip Code 32709	
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 <i>David R. Draves</i> DATE 3/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WARD, DAVID R. 1703 TAYLOR CREEK RD CHRISTMAS, FL 32709	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALTER, JANIS M 1855 TAYLOR CREEK RD CHRISTMAS, FL 32709	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DRINKWATER, EMILY 1855 TAYLOR CREEK ROAD CHRISTMAS, FL 32709	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1611 Taylor Creek Rd CHRISTMAS, FL 32709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALTER, MATTHEW 217 GEORGIA AVE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1909 Eastern Ave. St. Cloud, FL 34769-5420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, REBECCA 829 CHICKASAW TRAIL ORLANDO, FL 32825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AVERHOFF, MICHELLE 3302 F ROAD GARDEN CITY, KS 67846	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Janis M Walter</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/17/07 407/568/2087 <small>Date Daytime Phone #</small>		