


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90024 046 ****61.25

DOCUMENT # 733955
 1. Entity Name
THE NAKED LADY RANCH, INC.



Principal Place of Business
 6100 S.W. MOORE STREET
 P. O. BOX 332
 PALM CITY, FL 34991

Mailing Address
 PO BOX 332
 PALM CITY, FL 34991

40050400



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04072007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 59-1647303

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 BECKER & POLIAKOFF
 625 N. FLAGLER DRIVE
 7TH FLOOR
 WEST PALM BEACH, FL 33401

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHN, GERALD	
STREET ADDRESS	5685 SW WILBUR AVENUE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SHABOTYNSKYJ, KATHY	
STREET ADDRESS	5025 SW 61ST DR	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIEBAUER, TOM	
STREET ADDRESS	5005 SW CORSAIR AVE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YAEGER, BILL	
STREET ADDRESS	5415 SW WILBUR AVE	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	T	<input type="checkbox"/> Delete
NAME	RHODES, SALLY	
STREET ADDRESS	5041 SW BLUE SKY LN	
CITY-ST-ZIP	PALM CITY, FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	VOLKER, DAVE	
STREET ADDRESS	6755 SW WOODBINE WAY	
CITY-ST-ZIP	PALM CITY, FL 34990	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIRECTOR & PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D.... YEAGER, Rosemarie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	5415 S.W. Wilbur Ave.,	
CITY-ST-ZIP	Palm City, FL. 34990	
TITLE	SECRETARY & TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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: *Sally Rhodes* 4/7/07 772-283-1095
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #