2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #825697

1. Entity Name
RANCHO DEL CIERVO ESTATES



FILED Feb 16, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4044 NEWPORT DRIVE

NEW PORT RICHEY, FL 34652 US

P.O. BOX 308

NEW PORT RICHEY, FL 34656-0308 US



DO NOT WRITE IN THIS SPACE

01242006 No	Chg-P	CR2E034	(11/0
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4. FEI Number 95-2107448 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILDER, FRED J 407 SOUTH EWING AVENUE CLEARWATER, FL 33756-5766

DO NOT WRITE IN THIS SPACE

8. The above the obligat	nemed entity submits this statement for the pions of registered agent.	urpose of changing its registered	affice ar	registered agent, or bo	th, in the State of Florida. I am familiar with, and s	accept
SIGNATURE.	Signature, typed or printed name of registered egent and atte	the anning the ANTE Perioderal A	neaf eisanete	e required when reinstating)		_
	E NOWILL FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.		\$5.00 May Be Added to Fees	DATE	
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE VAME STREET ADDRESS CITY-ST-ZIP	P BOYCE, WILLIAM H 4044 NEWPORT DR. NEW PORT RICHEY, FL 34652 VPS BELINKOFF, ALAN 1640 SOUTH SEPULVEDA BLVD. S- LOS ANGELES, CA 900257534	112			UONOOA436735 02/28/06-80013-020 150.00	0
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CITY-ST-ZIP NILE VAME STREET ADDRESS						

12. Thereby certify that the information supplied with this filling 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 M changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 1

TITLE
NAME
STREET ADDRESS
CITY-ST-ZP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2. 9. 200 L

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