
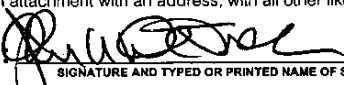


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90084 020 \*\*\*150.00

<b>DOCUMENT # F40180</b> 1. Entity Name <b>RANGER CONSTRUCTION INDUSTRIES, INC.</b>					
Principal Place of Business <b>101 SANSBURY'S WAY P O BOX 15065 WEST PALM BCH, FL 33416</b>			Mailing Address <b>101 SANSBURY'S WAY P O BOX 15065 WEST PALM BCH, FL 33416</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
			02142006    Chg-P    CR2E034 (11/05)		
			4. FEI Number <b>59-2098662</b>		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DEFREHN, JOHN A. 101 SANSBURY'S WAY WEST PALM BEACH, FL 33416</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DEFREHN, JOHN A 8645 PINE CAY WEST PALM BEACH, FL 33411</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP SLADE, MICHAEL 149 SCARBOUROUGH TERR W PALM BCH., FL</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SCHUTTA, DAVID 6415 55TH SQUARE VERO BEACH, FL 32967</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V JARRELL, SHELBY 2523 25TH LANE PALM BCH GARDENS, FL</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD VECELLIO, LEO A JR 210 VIA DEL MAR PALM BEACH, FL 33480</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST GWINN, L.L. 2251 ROBERT C. BYRD DR. BECKLEY, WV 25801</b>	<input type="checkbox"/> Delete <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.					
<b>SIGNATURE</b>  <b>TREASURER</b> <b>2/15/06</b> <b>561-793-9400</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

40015307

## ATTACHMENT

	Initials	Date
Prepared By		
Approved By		

© WILSON JONES

G7505 ColumnWrite®

#F4080

ANDREW JONES DP  
1125 Kelso Blvd  
WINDERMERE, FL 34786

KATHRYN C. VDELLIO VRD  
210 VIA DEL MAR  
PALM BEACH, FL 33480

MIQUEL LURREA VP  
3175 VISHANT CT.  
WELLINGTON, FL 33414

MARK VEILLETTE VP  
6031 S.R. 524  
COCOA, FL 32926

ROBERT SCHAFER VP  
1005 RUBY AVE SW  
VERO BEACH, FL 32968

CHRISTOPHER S VENTILLO VPD  
742 SLOPE TRAIL  
PALM BEACH, FL 33480

MICHAEL A VEDULLIO VPB  
232 WEST INDIAN DR  
PALM BEACH, FL 33480

RICHARD FOWLER AS  
14602 VILLEUX DRIVE  
ORLANDO, FL 32837

SCOTT FOWLER AS  
5087 Hollow Hook Circle  
ORLANDO, FL 32837