

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G19063**

1. Entity Name  
**RANCH MANAGEMENT CONSULTANTS, INC.**



Principal Place of Business  
**695 S.W. U.S. HIGHWAY 1  
P. O. BOX 2187  
VERO BCH., FL 32861-2187 US**

Mailing Address  
**695 S.W. U.S. HIGHWAY 1  
P O BOX 2187  
VERO BCH, FL 32961-2187**



02222006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2316133**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CALDWELL, WILLIAM W.  
756 BEACHLAND BLVD  
VERO BEACH, FL 32963**

**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

**11000000452453  
03/11/06-80026-025 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEXTON, RALPH W 8005 37TH STREET VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SEXTON, SEAN E 7880 37TH STREET VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SEXTON, JANET CHRISTINE 8005 37TH STREET VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ralph W. Sexton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06  
Date

777-2301