

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90023 010 ***150.00

DOCUMENT # G43295

1. Entity Name

RANCH MOBILE WWTP, INC.



Principal Place of Business

**6800 150TH AVENUE, NORTH
CLEARWATER FL 33764**

Mailing Address

**6800 150TH AVENUE, NORTH
CLEARWATER FL 33764**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-2305969

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

7. Name and Address of New Registered Agent

**HIRSH DE HAAN, ELLEN ESQ
BECKER & POLIAKOFF, P.A.
2401 W BAY DR STE 414
LARGO FL 33770**

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

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **DUMICAN, CHARLES S JR**
CITY-ST-ZIP **6800 150TH AVE. N.
CLEARWATER FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VC**
STREET ADDRESS **FOUGHT, THOMAS E**
CITY-ST-ZIP **6800 150TH AVE. N.
CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **KINNEY, MILTON C**
CITY-ST-ZIP **6800 150TH AVE. N.
CLEARWATER FL 33764**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **MAL**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CROTEAU, D ELAINE**
CITY-ST-ZIP **6800 150TH AVE. N.
CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MAL**
STREET ADDRESS **ERSKINE, NORMA JEAN**
CITY-ST-ZIP **6800 150TH AVENUE NORTH
CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MAL**
STREET ADDRESS **CHASSE, KATHLEEN L**
CITY-ST-ZIP **6800 150TH AVENUE, NORTH
CLEARWATER FL 33764**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Treasurer**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Charles S Duman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/06 727 536 3553

Date Daytime Phone #