

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007294

FILED
Mar 06, 2006
Secretary of State

Entity Name: MILO'S RANCH, INC.

Current Principal Place of Business:

20569 MARIE COURT
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 725
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 65-1059998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, MARY JO
20569 MARIE COURT
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MEYER, MARY JO
Address: 16757 RUSTIC ROAD
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VD () Delete
Name: CLUBB, SUSAN DVM
Address: PO BOX 508
City-St-Zip: LOXAHATCHEE, FL 33470

Title: STD () Delete
Name: KELLY, DIANA
Address: 218 S. 57TH TERR
City-St-Zip: HOLLYWOOD, FL 33023

Title: MEM () Delete
Name: VILLAMIL, GREGORY
Address: 4437 SW 25TH TERR
City-St-Zip: DANIA, FL 33312

Title: NONE () Delete
Name: NONE, NONE
Address: NONE
City-St-Zip: NONE, NO NONE

Title: TRES () Delete
Name: BUTLER, KERENSA CPA
Address: 22672 SW 54TH AVE
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JO MEYER

PD

03/06/2006

Electronic Signature of Signing Officer or Director

Date