## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000096244

1. Entity Name KJB RANCH, INC.



04-19-2006 90095 004 \*\*\*150.00

Apr 19, 2006 8:00 am Secretary of State

**FILED** 

Principal Place of Business

SIGNATURE:

970 WEST MCNAB ROAD SUITE 210 FORT LAUDERDALE, FL 33309

Mailing Address

970 WEST MCNAB ROAD SUITE 210 FORT LAUDERDALE, FL 33309



## DO NOT WRITE IN THIS SPACE

04112006 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 65-1089209
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOYLE, CONRAD J 500 EAST BROWARD BLVD SUITE 1950 FORT LAUDERDALE, FL 33394

## DO NOT WRITE IN THIS SPACE

:						
8. The above the obligati	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. {NOTE: Registered	Agent signature	e required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND DIREC	CTORS	, ,		***************************************	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ? RUNYAN, MICHAEL 970 WEST MCNAB ROAD SUITE 210 FORT LAUDERDALE, FL 33309					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					
TITLE NAME Street Address City-St-Zip						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS C/TY-ST-ZIP						
12. I hereby of indicated of the corrections of the	certify that the information supplied with this f on this report or supplemental report is true poration or the required or rustee empowers or on an attachment with an address, with a	ling does not qualify for the exe old accurate and that my signat a to execute this report as require other like empowered.	mptions co ure shall ha ed by Chap	ntained in Chapter 11 ve the same legal effe ster 607, Florida Statut	9, Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if	

NAME OF SIGNING OFFICER OR DIRECTOR