
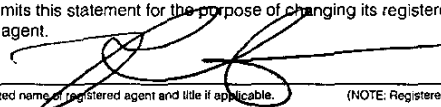
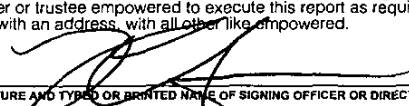


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90166 030 \*\*\*150.00

<b>DOCUMENT # P03000031525</b>					
<b>1. Entity Name</b> ST. CLOUD RANCH & GROVE, INC.					
<b>Principal Place of Business</b> 1011 N. MAIN STREET SUITE 6 KISSIMMEE, FL 34744 US			<b>Mailing Address</b> P. O. BOX 421910 KISSIMMEE, FL 34742 US		
<b>2. Principal Place of Business</b> 1100 NORTH MAIN ST Suite, Apt. #, etc. SUITE B City & State KISSIMMEE FL Zip 34744 Country USA			<b>3. Mailing Address</b> PO BOX 701323 Suite, Apt. #, etc. City & State ST. CLOUD FL Zip 34770 Country USA		
<b>4. FEI Number</b> 05-0559587				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> VEAL, BARNEY 1011 N. MAIN STREET SUITE 6 KISSIMMEE, FL 34744			<b>7. Name and Address of New Registered Agent</b> Name <b>RONALD S HOWSE</b> Street Address (P.O. Box Number is Not Acceptable) 1100 NORTH MAIN ST, SUITE B City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34744</b>		
<b>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.</b> SIGNATURE:  DATE: <b>2/20/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D VEAL, BARNEY 2950 OLD CANOE CREEK ROAD ST CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RONALD S HOWSE 1100 NORTH MAIN ST, STE B KISSIMMEE FL 34744	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D VEAL, CAROLE 2950 OLD CANOE CREEK ROAD ST CLOUD, FL 34772	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/D SIERING, MARILYN 3505 HARBOR ROAD KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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>					
<b>SIGNATURE:</b> 			Date: <b>2/20/06</b> Daytime Phone #: <b>407-343-6007</b>		