


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90053 044 ***150.00

DOCUMENT # P03000031525	
1. Entity Name ST. CLOUD RANCH & GROVE, INC.	

Principal Place of Business 1100 N. MAIN STREET SUITE B KISSIMMEE, FL 34744 US	Mailing Address P.O. BOX 701323 SAINT CLOUD, FL 34770 US
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2. Principal Place of Business - No P.O. Box # 1100 NORTH MAIN ST	3. Mailing Address PO BOX 701323
Suite, Apt. #, etc. Suite A	Suite, Apt. #, etc.
City & State Kissimmee, FL	City & State ST CLOUD, FL
Zip 34744	Country US
Country US	Zip 34770
Country US	Country US



03062007 Chg-P CR2E034 (12/06)

4. FEI Number 05-0559587	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWSE, RONALD S 1100 N. MAIN STREET SUITE B KISSIMMEE, FL 34744	
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7. Name and Address of New Registered Agent	
Name Howse, Ronald S.	
Street Address (P.O. Box Number is Not Acceptable) 1100 NORTH MAIN ST.	
Suite A	
City Kissimmee	FL
Zip Code 34744	

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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOWSE, RONALD S 1100 NORTH MAIN ST., SUITE B KISSIMMEE, FL 34744 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Howse, Ronald S. PO BOX 701323 ST CLOUD, FL 34770 <input checked="" 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
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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

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.

SIGNATURE: _____	Date 4.20.07	Daytime Phone # 407.709.8002
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		