

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 10, 2006 8:00 am
Secretary of State**

01-10-2006 90022 034 ***150.00

DOCUMENT # P03000077882		
1. Entity Name J.R.'S RANCH, INC.		

Principal Place of Business 9300 VITTORIA CT FORT MYERS, FL 33912	Mailing Address 7120 BERGAMO WAY FORT MYERS, FL 33912
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2. Principal Place of Business	3. Mailing Address 9300 VITTORIA CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc. FT. MYERS, FL.
City & State	City & State
Zip	Country 33912
Country	Lee

6. Name and Address of Current Registered Agent GELARDI, JAMES 9300 VITTORIA CT FORT MYERS, FL 33912

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	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT GELARDI, JAMES 9300 VITTORIA CT FORT MYERS, FL 33912

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GELARDI, VICKIE LYNN 9300 VITTORIA CT FORT MYERS, FL 33912
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-06
Date Daytime Phone #

239-489-0256