

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000043185	
1. Entity Name WIRED HEART RANCH, INC.	

Principal Place of Business 103 JACARANDA BLVD VENICE FL 34292	Mailing Address 103 JACARANDA BLVD VENICE FL 34292
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/05)
4. FEI Number 20-1099401	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOOLEY, WILLIAM A 1432 1 ST SARASOTA FL 34236		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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	(NOTE: Registered Agent signature required when re-election)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEISBRODT, PAMELA L	NAME	
STREET ADDRESS	103 JACARANDA BLVD	STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34292	CITY - ST - ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WEISBRODT, STEVEN A	NAME	
STREET ADDRESS	103 JACARANDA BLVD	STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34292	CITY - ST - ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ABERNATHY, GEORGE T	NAME	
STREET ADDRESS	103 JACARANDA BLVD	STREET ADDRESS	
CITY - ST - ZIP	VENICE FL 34292	CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 9 April 06	Daytime Phone #: (941) 915-2798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		