


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000096977																																										
1. Entity Name SANDER RANCH, INC.																																										
Principal Place of Business 2040 COLLIER AVE, UNIT D FORT MYERS, FL 33901	Mailing Address 2040 COLLIER AVE, UNIT D FORT MYERS, FL 33901																																									
DO NOT WRITE IN THIS SPACE																																										
			 01052006 No Chg-P CR2E034 (11/05)																																							
4. FEI Number 20-1271282																																										
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																										
6. Name and Address of Current Registered Agent SANDER, MARI J C/O LIBBYS FLOWERS AND GIFTS 2040 COLLIER AVE, UNIT D FORT MYERS, FL 33901																																										
DO NOT WRITE IN THIS SPACE																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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																																										
10. OFFICERS AND DIRECTORS																																										
<table border="1"><tr><td>TITLE</td><td>P</td></tr><tr><td>NAME</td><td>SANDER, GREGORY A</td></tr><tr><td>STREET ADDRESS</td><td>447 RIO GRANDE AVE</td></tr><tr><td>CITY- ST- ZIP</td><td>NEW CASTLE, CO 81647</td></tr><tr><td>TITLE</td><td>VP</td></tr><tr><td>NAME</td><td>SANDER, MARI J</td></tr><tr><td>STREET ADDRESS</td><td>447 RIO GRANDE AVE UNIT D</td></tr><tr><td>CITY- ST- ZIP</td><td>NEW CASTLE, CO 81647</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY- ST- ZIP</td><td></td></tr></table>			TITLE	P	NAME	SANDER, GREGORY A	STREET ADDRESS	447 RIO GRANDE AVE	CITY- ST- ZIP	NEW CASTLE, CO 81647	TITLE	VP	NAME	SANDER, MARI J	STREET ADDRESS	447 RIO GRANDE AVE UNIT D	CITY- ST- ZIP	NEW CASTLE, CO 81647	TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP		TITLE		NAME		STREET ADDRESS		CITY- ST- ZIP	
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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 <u>GREGORY A. SANDER</u> <u>May 30, 2006</u> <u>239-278-1500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>																																										