


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90271 013 \*\*\*150.00

|                                |   |
|--------------------------------|---|
| <b>DOCUMENT # P04000108560</b> |  |
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|--|---|---|
| 1. Entity Name<br><b>VEAL FARM &amp; RANCH, INC.</b> | Principal Place of Business<br><b>1011 NORTH MAIN STREET<br/>SUITE 6<br/>KISSIMMEE, FL 34744 US</b> | Mailing Address<br><b>P. O. BOX 421910<br/>KISSIMMEE, FL 34742 US</b> |
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**50005788**



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| 2. Principal Place of Business<br><b>1100 NORTH MAIN ST<br/>Suite, Apt. #, etc.<br/>SUITE B</b> | 3. Mailing Address<br><b>PO BOX 701323<br/>Suite, Apt. #, etc.</b> |
|---|--|

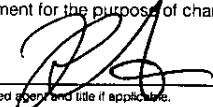
02092006 Chg-P CR2E034 (11/05)

|                                     |                                     |                                    |  |
|-------------------------------------|-------------------------------------|------------------------------------|--|
| City & State<br><b>KISSIMMEE FL</b> | City & State<br><b>ST. CLOUD FL</b> | 4. FEI Number<br><b>73-1712292</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip<br><b>34744</b>                 | Country<br><b>USA</b>               | Zip<br><b>34770</b>                | Country<br><b>USA</b>                                  |

|   |                                       |
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| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
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| 6. Name and Address of Current Registered Agent<br><b>VEAL, BARNEY<br/>1011 NORTH MAIN STREET<br/>SUITE 6<br/>KISSIMMEE, FL 34744</b> |  |
|---|--|

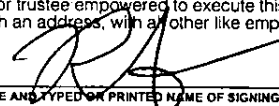
|  |                 |
|--|-----------------|
| 7. Name and Address of New Registered Agent  |                 |
| Name<br><b>RONALD S. HOWSE</b>   |                 |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1100 NORTH MAIN ST, SUITE B</b> |                 |
| City<br><b>KISSIMMEE</b>   | FL <b>34744</b> |

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| 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 <b>2/20/06</b> |

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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>VEAL, BARNEY<br>2950 OLD CANOE CREEK ROAD<br>ST CLOUD, FL 34772 <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP/D<br>VEAL, CAROLE<br>2950 OLD CANOE CREEK ROAD<br>ST CLOUD, FL 34772 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S/T<br>SIERING, MARILYN<br>3505 HARBOR ROAD<br>KISSIMMEE, FL 34746 <input checked="" type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>RONALD S. HOWSE<br>1100 NORTH MAIN ST, STE B<br>KISSIMMEE FL 34744 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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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 another like empowered. |   |
| SIGNATURE:    | DATE <b>2/20/06</b> DAYTIME PHONE # <b>407-343-6007</b> |