

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90312 014 \*\*\*150.00

DOCUMENT # P05000051882

1. Entity Name  
REMINGTON RANCH, INC.



Principal Place of Business  
8006 W WATERMARK DR  
INVERNESS, FL 34450

Mailing Address  
8006 W WATERMARK DR  
INVERNESS, FL 34450

400000



2. Principal Place of Business  
8006 E. Watermark Dr  
Suite, Apt. #, etc.

3. Mailing Address  
8006 E. Watermark Dr.  
Suite, Apt. #, etc.

01222006 Chg-P CR2E034 (11/05)

City & State  
Inverness, FL

City & State  
Inverness, FL

4. FEI Number  
20-2688967

Applied For  
Not Applicable

Zip  
34450  
Country  
Citrus

Zip  
34450  
Country  
Citrus

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BATTAGLIA, SANDRA M  
8006 W WATERMARK DR  
INVERNESS, FL 34450

7. Name and Address of New Registered Agent

Name Battaglia, Sandra M

Street Address (P.O. Box Number is Not Acceptable)

8006 E. Watermark Dr.

City Inverness

FL

Zip Code 34450

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 *Sandra M. Battaglia*

1-22-2006

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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
President  
Sandra M. Battaglia  
8006 E. Watermark Dr.  
Inverness, FL 34450

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: *Sandra M. Battaglia, Pres.*

1-22-06

727-480-1697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #