


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90073 043 ***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
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2. Principal Place of Business - No P.O. Box # 8006 - E. Watermark Dr.	3. Mailing Address 8006 - E. Watermark Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Inverness, FL	City & State Inverness, FL
Zip 34450	Zip 34450
Country USA	Country USA

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	
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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 Sandra M. Battaglia DATE 1-4-2007

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BATTAGLIA, SANDRA M 8006 E WATERMARK DR INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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. DATE 1-4-07 727-480-1697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR