

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90328 006 ***150.00

DOCUMENT # P05000090246					
1. Entity Name FORTSON RANCH, INC.					
Principal Place of Business 13950 109 STREET FELLSMERE, FL 32948 US			Mailing Address 13950 109 STREET FELLSMERE, FL 32948 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number			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		
FORTSON, CHARLES T SR 13950 109 STREET FELLSMERE, FL 32948			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____					
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, 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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FORTSON, CHARLES T SR.		NAME		
STREET ADDRESS	13950 109 STREET		STREET ADDRESS		
CITY- ST- ZIP	FELLSMERE, FL 32948		CITY- ST- ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FORTSON, AGNES K		NAME		
STREET ADDRESS	13950 109 STREET		STREET ADDRESS		
CITY- ST- ZIP	FELLSMERE, FL 32948		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		
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 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: <i>[Signature]</i>		4/6/06		(72) 571-1018	
SIGNATURE AND TYPE/ OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

20027221

DOC # PO 5000090246
FORTSON RANCH, INC.

In Reference to #4 - FET NUMBER.

This business is currently inactive. We would like to keep current w/ Div. of Corp and our license.

We will file for our FET # when we are active. We have nothing to file on a quarterly FET report while inactive so we thought it wise to wait until this business starts functioning to get our FET #



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