

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90309 032 ***150.00

DOCUMENT # P05000116274	
1. Entity Name A & J RANCH & REAL ESTATE, INC.	

Principal Place of Business 15227 LAKE PICKETT ROAD ORLANDO FL 32720 US	Mailing Address 15227 LAKE PICKETT ROAD ORLANDO FL 32720 US
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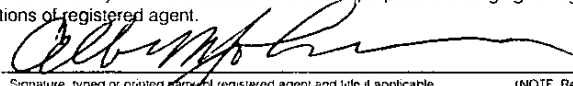
2. Principal Place of Business 15227 Lake Pickett Rd	3. Mailing Address 15227 Lake Pickett Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Orlando FL	City & State Orlando, FL	4. FEI Number 20-3356512	Applied For ☐
Zip 32820	Country Orange	Zip 32820	Country Orange
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

JOHNSON, ALBERT 15227 LAKE PICKETT ROAD ORLANDO FL 32720		Name Albert M. Johnson	
		Street Address (P.O. Box Number is Not Acceptable) 15227 Lake Pickett Rd	
		City Orlando	
		FL Zip Code 32820	

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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME JOHNSON, ALBERT		NAME	
STREET ADDRESS 15227 LAKE PICKETT ROAD		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32720		CITY-ST-ZIP	
TITLE VP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME JOHNSON, JANET		NAME	
STREET ADDRESS 15227 LAKE PICKETT ROAD		STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32720		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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #