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	Mailing Address
15227 LAKE PICKETT ROAD ORLANDO FL 32720 US	15227 LAKE PICKETT ROAD ORLANDO FL 32720 US

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
15227 Lake Pickett Rd	15227 Lake Pickett Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando FL	City & State: Orlando, FL
Zip: 32820 / Country: Orange	Zip: 32820 / Country: Orange

4. FEI Number 20-3356512 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNSON, ALBERT
15227 LAKE PICKETT ROAD
ORLANDO FL 32720

7. Name and Address of New Registered Agent

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 [signature]
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
Make Check Payable to Florida Department of State

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	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		
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 #