2007 FOR PROFIT CORPORATION ANNUAL REPORT ...

DOCUMENT # P05000121830

RANGER ENTERPRISES, INC.



FILED Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

747 MOORLAND LANE PALM HARBOR, FL 34683

747 MOORLAND LANE PALM HARBOR, FL 34683



 \Box

01122007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3419379

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RANGER, LANA 747 MOORLAND LANE PALM HARBOR, FL 34683

DO NOT WRITE I THIS SDACE

				IN THIS SPACE		
	named entity submits this statement for the poons of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or b	oth, in the State of Florida I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title i	I applicable. (NOTE: Registere	d Agont signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RANGER, LANA 747 MOORLAND LANE PALM HARBOR, FL 34683	TORS		•	U00000679801 04/03/07-80052-011 150.00	
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP					NOT WRITE THIS SPACE	

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 of visitee 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:

THILE NAME STREFT ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #