

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90155 036 ***150.00

DOCUMENT # P97000016863

1. Entity Name

RANCH & GROVE SPREADER SERVICE, INC.



Principal Place of Business

Mailing Address

1090 DEAN STREET
ST. CLOUD FL 34771

1090 DEAN STREET
ST. CLOUD FL 34771

2. Principal Place of Business

3. Mailing Address

4561 HENRY J AVE

4561 HENRY J. AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. CLOUD, FL.

ST. CLOUD, FL.

Zip

Country

Zip

Country

34772

OSCEOLA

34772

OSCEOLA

4. FEI Number

59-3430589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TOUCHSTONE, STAN
1090 DEAN STREET
ST. CLOUD FL 34771

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Stan L. Touchstone

JAN. 30, 2006

Signature, typed or printed name of registered agent and file 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 PD ☐ Delete
NAME TOUCHSTONE, STAN L
STREET ADDRESS 1090 DEAN STREET
CITY - ST - ZIP ST. CLOUD FL 34771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE VP ☐ Delete
NAME TOUCHSTONE, LISA D
STREET ADDRESS 1090 DEAN STREET
CITY - ST - ZIP SAINT CLOUD FL 34771

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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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:

Stan L. Touchstone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 30, 2006 (407) 947-5661

Date

Daytime Phone #