


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000046080 1. Entity Name RIVER FORK RANCH, INC.		
Principal Place of Business 1501 LANGFORD DR. WEST PALM BEACH, FL 33406-8727		Mailing Address 1501 LANGFORD DRIVE WEST PALM BEACH, FL 33406
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WADDELL, C. WILLIAM 1501 LANGFORD DRIVE WEST PALM BEACH, FL 33406		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		UD00000543834 05/11/06-80011-022 150.00
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	WADDELL, C WILLIAM	
STREET ADDRESS	1501 LANGFORD DR.	
CITY-ST-ZIP	W.P. B., FL 33406	
TITLE	VP	
NAME	BEALL, JULIA W	
STREET ADDRESS	1501 LANGFORD DR.	DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP	W.P. BCH, FL 33406	
TITLE	ST	
NAME	PECORI, HELEN W	
STREET ADDRESS	1501 LANGFORD DR.	
CITY-ST-ZIP	W.P. BCH, FL 33406	
TITLE		DO NOT WRITE IN THIS SPACE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE IN THIS SPACE
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: <u>Will Waddell</u> C. William Waddell		4/25/06 561 845-2136
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>