## 2006 FOR PROFIT CORPORATION

## May 09, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P99000110979** 05-09-2006 90077 019 \*\*\*150.00 1. Entity Name RANCH LAKE PLAZA, INC. Mailing Address Principal Place of Business 9115 58TH DRIVE E., SUITE A 9115 58TH DRIVE E., SUITE A BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04132006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 65-0969843 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREENE, ROBERT F 1301 6TH AVENUE W.: SUITE 400 Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34205 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Director President ☐ Delete TITLE Change Addition TITLE D'URSO, LARRY J JR NAME NAME LARRY J. D'USO 9115 58th 50 F Sute A Bradita, Th 3420x 9115 58TH DRIVE E., SUITE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL 34202 'Change ☐ Delete TITLE 57 D Addition 1 NAME RAJ MATHUR NAME STREET ADDRESS STREET ADDRESS 9115 58th WN & CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE RONALD CATHOON AUTE A NAME NAME STREET ADDRESS STREET ADDRESS Bradeston, The 34202 CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete TITLE ☐ Change Addition Doniel Gendes NAME NAME 9115 58 Th Dr. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME

12. I hereby certify that the information supplied with this filling 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 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 s, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27/06

Daytime Phone #