2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # S18355				Mar 06, 2006 08:00 AM Secretary of State
61 RANC	CH, INC.			
Principal Place of Business		Mailing Address		
875 SKIPPER RANCH ROAD LAKE PLACID FL 33852 US		875 SKIPPER RANCI LAKE PLACID FL 33 US		
2. Principal Place of Business		3. Mailing Address		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 59-3042814 Applied F. Not Applied
Zip	· Country	Zip	Country	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
			Name	
875	PPER, CAROL SKIPPER RANCH ROAD KE PLACID FL 33852		Street Address	s (P.O. Bax Number is Not Acceptable)
			City	<b>⊏</b> ≴ Z <sub>ip</sub> Code
8. The above	anamed entity submits this statemen	for the purpose of changing i	ts registered office or regist	tered agent, or both, in the State of Florida. I am familiar with, and acc
SIGNATURE	tions of registered agent.  Signature, typed or printed manual registered ag	ent and take if inpulse sinks (NK	OTE Repulated Agent signature requir	rad when renstaling DATE
	FILE NOW!!! FEE IS \$150.00			OAL.
After	May 1, 2006 Fee Will Be \$550. k Payable to Florida Department	of State		9. Election Campaign Financing \$5.00 Ma; Trust Fund Contribution.  Added to Fe
10.		ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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STREET ADDRESS	SKIPPER, DONALD W 875 SKIPPER RANCH RD.		SIREET ADDRESS	03/17/06-80027-020 150.00
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t2. I nereby	certily that the information supplied i	with this filing does not quality	lar the exempliane contain	ned in Section 119, Florida Statutes. I further certify that the informa-
of the co	on this report or supplemental repor- rporation or the receiver or trustee er id, or on an attachment with an addr	ns true and accurate and that npowered to execute this rep	t my signature snall have the ort as required by Chapter (	ted in Section (19, Fronta Statutes, 1 in the penny that the month, es same legal effect as if made under path, that I am an officer or direction. Florida Statutes; and that my name appears in Block 10 or Block

**FILED** 

SIGNATURE: Land Skypow CAROL Skippen 2-28-06 843-365-