


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90310 018 ***150.00

DOCUMENT # S23033
 1. Entity Name
JED RANCH, INC.



Principal Place of Business Mailing Address
~~P O BOX 85~~ **1149 CONROY LANE** P O BOX 720
 WAUCHULA FL 33873 WAUCHULA FL 33873



2. Principal Place of Business Suite. Apt. #, etc.
 3. Mailing Address Suite. Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

4. FEI Number **65-0337958** Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
HARLAN, JOANNE
~~1270 KELLY CT~~
WAUCHULA FL 33873

7. Name and Address of New Registered Agent
 Name
JOANNE HARLAN DOUGLAS
 Street Address (P.O. Box Number is Not Acceptable)
1661 PAULA DR.
WAUCHULA, FL
33873
 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 _____ (NOTE: Registered Agent signature required when reconstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable

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 **\$5.00** May Be Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	HOOD, KATHLEEN H	
STREET ADDRESS	1149 CONROY LN PO BOX 720	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	P	<input type="checkbox"/> Delete
NAME	DOUGLAS, JOANNE	
STREET ADDRESS	1661 PAULA DRIVE	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Joanne Douglas / JOANNE DOUGLAS 3/6/06 (863)735-1614
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #