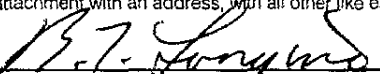


FILED

Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 128707						Mar 02, 2004 08:00 A																													
1. Entity Name LONGINO RANCH, INC.								Secretary of State																											
Principal Place of Business 26111 TURPENTINE STILL RD SIDELL FL 34266 US				Mailing Address 26111 TURPENTINE STILL RD SIDELL FL 34266																															
2. Principal Place of Business				3. Mailing Address																															
Suite, Apt. #, etc.				Suite, Apt. #, etc.				MOORE CR2E034 (11/03)																											
City & State				City & State				4. FEI Number 59-0758782		☐ 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						7. Name and Address of New Registered Agent																													
LONGINO, MR. BT 25501 TAMPENAL TRAIL SIDELL FL 34266						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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State																																			
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees																																			
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																													
<table border="1"><tr><td>TITLE</td><td>PD</td><td>☐ Delete</td></tr><tr><td>NAME</td><td>LONGINO JR, B T</td><td></td></tr><tr><td>STREET ADDRESS</td><td>25501 TAMPENAL TRAIL</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>ARCADIA FL 34266</td><td></td></tr></table>						TITLE	PD	☐ Delete	NAME	LONGINO JR, B T		STREET ADDRESS	25501 TAMPENAL TRAIL		CITY - ST - ZIP	ARCADIA FL 34266		<table border="1"><tr><td>TITLE</td><td></td><td>☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>						TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  B.T. LONGINO PRES. 2/27/04 941 322 1850																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																			