

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 467262

FILED  
Feb 02, 2009  
Secretary of State

Entity Name: CIRCLE I RANCH, INC.

## Current Principal Place of Business:

7449 CARLTON ROAD  
PORT SAINT LUCIE, FL 34987

## New Principal Place of Business:

7449 CARLTON ROAD  
FT. PIERCE, FL 34987

## Current Mailing Address:

7449 CARLTON ROAD  
PORT SAINT LUCIE, FL 34987

## New Mailing Address:

7449 CARLTON ROAD  
FT. PIERCE, FL 34987

FEI Number: 59-1564917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HUMPHRIES, JOANNE  
7449 CARLTON RD.  
PORT SAINT LUCIE, FL 34987 US

## Name and Address of New Registered Agent:

HUMPHRIES, JOANNE  
7449 CARLTON RD.  
FT. PIERCE, FL 34987 US

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.

SIGNATURE: JOANNE C. HUMPHRIES

02/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HUMPHRIES, JOANNE C.,  
Address: 7449 CARLTON RD.  
City-St-Zip: FT. PIERCE, FL

Title: P ( ) Delete  
Name: HUMPHRIES, JOANNE C.  
Address: 7449 CARLTON RD.  
City-St-Zip: FT. PIERCE, FL

Title: TMD ( ) Delete  
Name: HUMPHRIES, FRED  
Address: 7448 CARLTON RD  
City-St-Zip: FT PIERCE, FL 34987

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOANNE C. HUMPHRIES

PRES

02/02/2009

Electronic Signature of Signing Officer or Director

Date