

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90325 035 ***150.00

DOCUMENT # J43558	
1. Entity Name SOARING EAGLE RANCH, INC.	

Principal Place of Business 11617 INNFIELDS DR. SUITE A ODESSA, FL 33556 US	Mailing Address 11617 INNFIELDS DR. SUITE A ODESSA, FL 33556 US
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2. Principal Place of Business No P.O. Box # 8108 Old Hixon Rd	3. Mailing Address 8108 Old Hixon Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAMPA FL	City & State TAMPA FL
Zip 33626	Zip 33626
Country USA	Country USA

40000000



01072008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent BLANTON, MARK E 11617 INNFIELDS DR. ODESSA, FL 33556	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8108 Old Hixon Road City TAMPA FL Zip Code 33626
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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 Mark Blanton Mark Blanton 4-3-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BLANTON, MARK E 11617 INNFIELDS DRIVE ODESSA, FL 33556 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BLANTON, MARK E 8108 Old Hixon Road TAMPA, FL 33626 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANTON, MARK E 11617 INNFIELDS DR ODESSA, FL 33556 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark Blanton Mark Blanton 4-3-08 813 920-1031
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #