2005 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Nam	MENT # K09443 ass ranch, inc.		FILED				
Principal Place	e of Business	Mailing Address % JAMES D. PORTER	we define	1		18 PN 2:22 SSEE, FLORIDA	
2528 BRUCE B DOWNS BLVD 2528 BRUCE B DOWNS BI ZEPHYRHILLS, FL 33543-9213 2. Principal Place of Business 3. Mailing Address					ALLAM	issec, i comba	
	N. Riverhills Drive	Suite, Apt. #, etc.	uills Drive	04082004	Chg-P	CR2E034 (10/03)	
_ City & Stat	Terrace, Fl.	Temple Terro	ace.fr.	4. FEI Number 59-2861:	350	⊢	plied For t Applicable
3361	Country	Zip	Country	5. Certificate of	Status Desired	S8.75 Add	
6. Name and Address of Current Registered Agent 7. Name and Address						· · · · · · · · · · · · · · · · · · ·	
2020 1111 1 301 0.				HES D.	PORTE	P	
				Street Address (P.O. Box Number is Not Acceptable)			
ZEPHYRHILLS, FL 33543 1515 N. RIVERHILLS DRIVE							
			CityTemp	OLF TER	RACE	FL Zip Code	7
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 Sympature, lyped or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.							
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTORS	S IN 11
TITLE NAME	PD PORTER, WILLIAM H	Delete	TITLE NAME	£		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	80 0'BERRY ROAD DADE CITY, FL		STREET ADDRESS CITY-ST-ZIP	04/12/05	0505c 010071	9555 015 **150.00	
TITLE NAME	VD PORTER, TOM M	Oelete	TITLE NAME		1 }	☐ Change	Addition
STREET ADDRESS	28644 SR 54 W. ZEPHYRHILLS, FL	•	STREET ADDRESS CITY-ST-ZIP		,		
TITLE	STD STD	☐ Delete	TITLE			☐ Change	Addition
NAME	PORTER, JAMES D	•	NAME STREET ADDRESS			•	
STREET ADDRESS CITY-ST-ZIP	2528 HWY, 581 S. WESLEY CHAPEL, FL		CITY-ST-ZIP		,		
TITLE		☐ Detete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE .		☐ Delete	, TITLE NAME			☐ Change	☐ Addilion
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	-		☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP		•	CITY+ST+ZIP				
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 chapter the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter the empowered.							