


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90008 011 ***150.00

DOCUMENT # P03000118074		
1. Entity Name GUN RANCH, INC.		
Principal Place of Business 2530 E IRLON BRONSON MEMORIAL HWY STE KISSIMMEE FL 34744		Mailing Address 2530 E IRLON BRONSON MEMORIAL HWY STE KISSIMMEE FL 34744

54021690



MOORE CR2E034 (11/03)

2. Principal Place of Business 2532 E IRLON BRONSON MEMORIAL HWY		3. Mailing Address 2532 E IRLON BRONSON MEMORIAL HWY	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee FL 34744		City & State Kissimmee, FL	
Zip 34744	Country	Zip 34744	Country

4. FEI Number 56-2406299	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, LOAN B
1031 W MORSE BLVD STE 350
WINTER PK FL 32789

7. Name and Address of New Registered Agent

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

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, JAMES W
STREET ADDRESS	2140 EMPEROR DR
CITY-ST-ZIP	KISSIMMEE FL 34744
TITLE	D <input type="checkbox"/> Delete
NAME	WILLIAMS, DIANE
STREET ADDRESS	2140 EMPEROR DR
CITY-ST-ZIP	KISSIMMEE FL 34744
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
NAME	
STREET ADDRESS	
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 exemption stated in Section 119.07(3)(j), 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: *Diane Williams* **2/24/04** **407-870-0357**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #