

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 8:00 am
Secretary of State

03-27-2007 90017 008 ***150.00

DOCUMENT # P06000115601 1. Entity Name THE VOGELSANG RANCH, INC.																													
Principal Place of Business 11459 NW 65 Ave., Ocala, Florida 32686			Mailing Address 11459 NW 65 Ave., Ocala, Florida 32686																										
2. Principal Place of Business - No P.O. Box # 11459 NW 65 Ave.,		3. Mailing Address 11459 NW 65 Ave.,																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Ocala, Florida		City & State Ocala, Florida		4. FEI Number 65-1291805																									
Zip 32686		Country USA		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent VOGELSANG, GEORGE C 4001 EL PRADO BLVD. MIAMI FL 33133			7. Name and Address of New Registered Agent Name George C. Vogelsang Street Address (P.O. Box Number is Not Acceptable) 11459 NW 65 Ave., City Ocala FL Zip Code 32686																										
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 <u><i>George C. Vogelsang</i></u> George C. Vogelsang 3/15/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																													
FILE NOW!!! FEE IS \$150.00. After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> P/Sec./Treasurer/Director VOGELSANG, GEORGE C 4001 EL PRADO BLVD. MIAMI FL 33133 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/Sec./Treasurer/Director VOGELSANG, GEORGE C 4001 EL PRADO BLVD. MIAMI FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> ☐ Change ☐ Addition </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td>☐ Change ☐ Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>George C. Vogelsang</i></u> George C. Vogelsang 3/15/07 (305)441-9333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													