


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000097924
1. Entity Name
HOBE SOUND RANCH, INC.



Principal Place of Business Mailing Address
4500 PGA BLVD. STE 207 4500 PGA BLVD. STE 207
PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33418

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0634095 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANDT, PHILLIP L
4500 PGA BLVD., SUITE 207
PALM BEACH GARDENS, FL 33418

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. Added to Fees

U00000337208
04/27/05-80159-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GALUI, JUDITH M
STREET ADDRESS	4500 PGA BLVD., SUTIE 207
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DSTV
NAME	STEPHANOS, DIANE L.
STREET ADDRESS	4500 PGA BLVD., SUITE 207
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DV
NAME	FLOYD, CATHY D.
STREET ADDRESS	4500 PGA BLVD., SUITE 207
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	DV
NAME	DIVOSTA, GUY M
STREET ADDRESS	4500 PGA BLVD, STE. 207
CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 persons empowered.

SIGNATURE: Judith M. Galui Judith M. Galui 3-24-05 561-691-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #