

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # K64923	
1. Entity Name JUPITER RANCH, INC.	

Principal Place of Business C/O JACK B. OWEN JR. 4500 PGA BLVD STE 400 PALM BEACH GARDENS, FL 33418	Mailing Address 7150 SW KANNER HWY INDIANTOWN, FL 34956 US
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01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0099584	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BURG, CLIFFORD F 7150 SW KANNER HWY INDIANTOWN, FL 34956

**DO NOT WRITE
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 _____
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, 2005 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIVOSTA, OTTO 4500 PGA BLVD PALM BCH GRDNS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIVOSTA, BETTY J 4500 PGA BLVD PALM BCH GRDNS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURG, CLIFFORD F 7150 SW KANNER HWY INDIANTOWN, FL
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**DO NOT WRITE
IN THIS SPACE**

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02/16/05-80040-818 150.00

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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/05 772887-8111
Date Daytime Phone #