
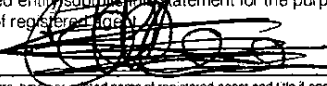
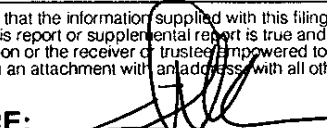


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90034 046 \*\*\*150.00

<b>DOCUMENT # P04000075737</b> 1. Entity Name <b>RED HAWK CATTLE RANCH, INC.</b>																															
Principal Place of Business <b>1874 NW CR 681 4433 Ch</b> <b>ARCADIA, FL 34266</b>		Mailing Address <b>POST OFFICE BOX 1874</b> <b>ARCADIA, FL 34265</b>																													
2. Principal Place of Business <b>4433 Chase Oaks Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1874</b> <b>4433 Chase Oaks Dr</b> City & State <b>Arcadia FL</b>																													
City & State <b>Sarasota, FL</b>		4. FEI Number <b>20-1145843</b>																													
Zip <b>34241</b>		Country <b>Sarasota</b>																													
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		02042005 Chg-P CR2E034 (10/03)																													
6. Name and Address of Current Registered Agent <b>WALDRON, EUGENE E JR</b> <b>124 NORTH BREVARD AVENUE</b> <b>ARCADIA, FL 34266</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																													
8. The above named entity subscribes 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 <b>2/9/05</b>																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																													
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>D STEVENSON, CHRISTOPHER C</b>  <b>POST OFFICE BOX 1874</b>  <b>ARCADIA, FL 34266</b> </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete  <b>4433 Chase Oaks</b>  <b>Sarasota, FL 34241</b> </td> </tr> <tr><td colspan="2" style="height: 30px;"></td></tr> <tr><td colspan="2" style="height: 30px;"></td></tr> <tr><td colspan="2" style="height: 30px;"></td></tr> <tr><td colspan="2" style="height: 30px;"></td></tr> <tr><td colspan="2" style="height: 30px;"></td></tr> <tr><td colspan="2" style="height: 30px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D STEVENSON, CHRISTOPHER C</b> <b>POST OFFICE BOX 1874</b> <b>ARCADIA, FL 34266</b>	<input type="checkbox"/> Delete <b>4433 Chase Oaks</b> <b>Sarasota, FL 34241</b>													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2" style="height: 30px;"></td></tr> <tr><td colspan="2" style="height: 30px;"></td></tr> <tr><td colspan="2" style="height: 30px;"></td></tr> <tr><td colspan="2" style="height: 30px;"></td></tr> <tr><td colspan="2" style="height: 30px;"></td></tr> <tr><td colspan="2" style="height: 30px;"></td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition												
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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 changed, or on an attachment with an address with all other like empowered. <b>SIGNATURE:</b> 																															
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>2/9/05</b> Daytime Phone #																													