2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 21, 2005 8:00 am
Secretary of State
02-21-2005 90073 044 ***158.75

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02032005 Chg-P CR2E034 (10/03)

DOCUMENT # 142550

1. Entity Name
OFF THE RANCH, INC.

Principal Place of Business	Mailing Address
CIRTUS BANK BLDG 12200 WEST COLONIAL DRIVE STE 2001 WINTER GARDEN, FL 34787	PO BOX 699 APOPKA, FL 32704-0699

2. Principal Place of Business	3. Mailing Address
105 E Robinson Street	105 E Robinson Street
Suite, Apt. #, etc.: Suite 310	Suite, Apt. #, etc.: Suite 540
City & State: Orlando Fl	City & State: Orlando Fl
Zip: 32801 Country: USA	Zip: 32801 Country: USA

4. FEI Number: 59-3519025 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCALL, RANDALL E 105 E. ROBINSON STREET, STE 540 ORLANDO, FL 32801	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: Randall E. McCall 2/15/05
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MCCALL, RONALD W PO BOX 699 APOPKA, FL 327040699	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MCCALL, HOLLY J PO BOX 699 APOPKA, FL 327040699	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MCCALL, RANDALL E PO BOX 699 APOPKA, FL 327040699	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: Ronald W McCall 2/15/05 407-880-9029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #