2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 21, 2005 8:00 am Secretary of State

						CCICU	- .,	_ ~ ~	
1. Entity Nam	MENT # 142550 RANCH, INC.					02-21-2005	90073 04		
Principal Place	e of Business	Malling Address				200138	12	•	
CIRTUS BANK BLDG		PO BOX 699				700100			
12200 WEST COLONIAL DRIVE STE 2001		APOPKA, FL 32704-0699							
	DEN, FL 34787	AFOFIN, FL 32704-0099							
MINITER OAK	DEN, FL 34707				1 (111) 1 (12)		BBIT SIBIL BIRTLE	EN PIEM ENEM DIO	1901 (F1881.
D-11I D	lace of Business	La Mallian Address							 1 1 1 1 1 1 1
		3. Mailing Address	~				[]	IZLI BLYN OBNI ZIZL	
	Robinson STREET	105 & Robin	<u>15014 5 772</u>	Ct 7					
Suite, Apt.		Suite, Apt. #, etc.			02032005	Chg-P	CR2E	034 (10/03)	
Sui	τε 310	Suite 540							
City & State		City & State	1 4		4. FEI Numbe	r		Ap	plied For
ORIA	ndo II	ORJANdo	<i>31</i>		59-3519	9025		No	t Applicable
Zip	Country	Zip	Country					\$8.75 Add	litional
3280	1 USA	32801	45A		5. Certificate	of Status Desired	, []	Fee Required	
	6. Name and Address of Current F		107		7. Name and	Address of Nev	v Registered	Agent	
			Name	··					
MCCALL	RANDALL È								
	BINSON STREET, STE 540		Street A	Address (P.O. Box Numbe	r is Not Accepta	ble)		
), FL 32801		ļ <u>.</u> ——						
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ļ			City				FI	Zip Code	₽
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	r register	ed agent, or bot	h. in the State of	Florida, I am	familiar with.	and accept
	ions of registered agent.		•	-0					-
	D. 1	M. Call					2/	1	
SIGNATURE_	KONAALL 7 1	VIVIA CELCE							
SIGNATIONE -	Circuit and based as administrative and resistance according	d title if equipments (ANOTE)	Designation of the section) when salassasin at		217	3/05	
SIGNATORE	. Signature: typed or printed name of registered agent a	*****	Registered Agent signs	i			DATE	3/05	
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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.

SIGNATURE:

Torold

PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

2/15/05

407-840-9029