2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# 167485

Entity Name: C. C. RANCH, INC.

Current Principal Place of Business:

748 N DONNELLY ST
MT DORA, FL 32757 US

New Principal Place of Business:

Current Mailing Address:

748 N. DONNELLY ST.
MT DORA, FL 32757 US

New Mailing Address:

FEI Number: 59-0682250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATTERS, JUNE C
748 N DONNELLY STREET
MT DORA, FL 32757 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MASTIN, TOM	
Address:	5700 SW 34TH ST., STE 324	
City-St-Zip:	GAINESVILLE, FL 32608	
Title:	TD	( ) Delete
Name:	WATTERS, VASCO L	
Address:	748 N DONNELLY ST	
City-St-Zip:	MOUNT DORA, FL 32757	
Title:	PSD	( ) Delete
Name:	WATTERS, JUNE C	
Address:	748 N DONNELLY STREET	
City-St-Zip:	MOUNT DORA, FL	
Title:	DVP	( ) Delete
Name:	TREEN, JANET C	
Address:	1700 S SAN PABLO RD	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	D	( ) Delete
Name:	TREEN, MICHALE M	
Address:	1700 S PABLO RD., APT 601	
City-St-Zip:	JACKSONVILLE, FL 32224	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	TREEN, MICHAEL M	
Address:	1700 S PABLO RD., APT 601	
City-St-Zip:	JACKSONVILLE, FL 32224	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUNE C. WATTERS PRES 01/28/2004

Electronic Signature of Signing Officer or Director — Date