

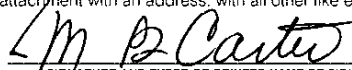


FILED
Apr 17, 2006 8:00 am
Secretary of State

400000-

| DOCUMENT # 203950 | | | | | | Secretary of State 04-17-2006 90363 010 ***150.00 | |
|--|--------------------------|---------------------------------|---|--|---|---|--|
| 1. Entity Name JMC RANCH, INC. | | |  | | | | |
| Principal Place of Business 1053 SUNSET DRIVE LAKE WALES, FL 33853 | | | | | | | |
| Mailing Address 1053 SUNSET DRIVE LAKE WALES, FL 33853 | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |  01172006 Chg-P CR2E034 (11/05) | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | |
| City & State | | | City & State | | | | |
| Zip | | | Country | | | | |
| 4. FEI Number 59-0804569 | | | Applied For <input type="checkbox"/> Not Applicable | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | 7. Name and Address of New Registered Agent | |
| CARTER, MARTHA 1053 SUNSET DRIVE LAKE WALES, FL 33853 | | | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | ST | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | YOU Mans, Mary C. | | | NAME | | | |
| STREET ADDRESS | 431 E CENTRAL AVE | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | LAKE WALES, FL | | | CITY - ST - ZIP | | | |
| TITLE | P | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | Carter, Martha B. | | | NAME | | | |
| STREET ADDRESS | 1053 SUNSET DRIVE | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | LAKE WALES, FL | | | CITY - ST - ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | Carter, Claude B. | | | NAME | | | |
| STREET ADDRESS | 8605 W Knight Griffin Rd | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | Plant City, FL | | | CITY - ST - ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | Carter, Hugo A. | | | NAME | | | |
| STREET ADDRESS | 602 Pine Tree Lane | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | Palm City, FL | | | CITY - ST - ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | Ullman, Martha J. | | | NAME | | | |
| STREET ADDRESS | 1316 S. Highland Prk Dr | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | LAKE WALES, FL | | | CITY - ST - ZIP | | | |
| TITLE | D | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | Carter, Joseph J, Jr | | | NAME | | | |
| STREET ADDRESS | 1049 Sunset Drive | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | LAKE WALES, FL 33853 | | | CITY - ST - ZIP | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | | | Date: 4/14/06 | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Daytime Phone # | | | |