


FILED

May 03, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 230938
 1. Entity Name
MABRY CARLTON RANCH, INC.



Principal Place of Business 9430 SIDELL RD SIDELL, FL 34266 US	Mailing Address 9430 SIDELL RD SIDELL, FL 34266 US
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DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0884919	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.75 Additional Fee Required

8. Name and Address of Current Registered Agent
**CARLTON, BARBARA B.
 9430 SIDELL RD.
 SIDELL, FL 34266**

DO NOT WRITE IN THIS SPACE

6. This 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reactivating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE PD	NAME CARLTON, BARBARA B.
STREET ADDRESS 9430 SIDELL RD	CITY-ST-ZIP SIDELL, FL 342660031
TITLE VD	NAME BONNER, KIM CARLTON
STREET ADDRESS 9450 SIDELL RD	CITY-ST-ZIP SIDELL, FL 342660031
TITLE STD	NAME CARLTON, M. LISA
STREET ADDRESS 9420 SIDELL RD	CITY-ST-ZIP SIDELL, FL 342660031
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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100000152300
 05/04/04-80080-013-158-7

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(b), 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: Barbara B. Carlton 4/29/04 941-322-1135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR