


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
 9430 SIDELL RD 9430 SIDELL RD
 SIDELL, FL 34266 US SIDELL, FL 34266 US

DO NOT WRITE IN THIS SPACE



04022006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-0884919 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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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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: Barbara B. Carlton 4/15/06 941-322-1135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #