


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90008 019 \*\*\*150.00

<b>DOCUMENT # 232721</b>			
1. Entity Name FLYING T RANCH, INC.			
Principal Place of Business 2501 COUNTY RD 1103 ATHENS, TX 75751-8108		Mailing Address 2501 COUNTY RD 1103 ATHENS, TX 75751-8108	
2. Principal Place of Business - No P.O. Box # 2501 CR 1103		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Athens, TX		City & State	
Zip 75751-8108	Country Henderson	Zip	Country
4. FEI Number 59-6068429		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Arleen Coats Street Address (P.O. Box Number is Not Acceptable) 3550 S Brocksmith RD City Fort Pierce 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 reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	DVP COATS, JAMES T. III 3550 S BROCKSMITH RD FORT PIERCE, FL 2501 CR 1103 Athens, TX 75751	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COATS JR, TURNER 3550 S BROCKSMITH RD FORT PIERCE, FL SAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COATS, ARLEEN 3550 S BROCKSMITH RD FORT PIERCE, FL SAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATS, WILSON LEE 3550 S BROCKSMITH RD FT. PIERCE, FL SAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATS, KATHY 3550 S BROCKSMITH RD FT. PIERCE, FL SAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Arleen Coats</u>		5-30-07 903-338-2855	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	