2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State

	STATE OF THE STATE	<u> </u>	<u> </u>		4 - 4 -
1. Entity Nam	MENT # 233941 BROTHERS RANCH, INC.			Secretary of S	tate
Principal Plac	e of Business	Mailing Address			
26801 BAYH	EAD RD.	P.O. BOX 6			
DADE CITY, F		SAN ANTONIO, FL 33576	US		
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			,	5. Certificate of Status Desired	
	6. Name and Address of Current Re	windowed & cont		1 80 1100000	
	6. Name and Address of Current He	Distered Agent	d	The state of the s	7
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DADE CITY, FL 33525				IN THE OBACE	
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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 Signature, typed or printed name of registered agent and title If applicable. (NOTE, Registered Agent signature required when reinstaling) DATE					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be					
	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution		ded to Fees	
<u></u>					
10.	OFFICERS AND D	RECTORS			
TITLE	PD			-	:
NAME	BARTHLE, RANDOLPH				
STREET ADDRESS	26345 BAYHEAD RD.			ÜÖDDÖN131002	
CITY-ST-ZIP	DADE CITY, FL	<u> </u>		U00000131002 	.00
TITLE	DV		1	and a first some of the first o	
NAME	BARTHLE, STEPHEN		1		
STREET ADDRESS	15501 BELLAMY BROS. BLVD.		4.		
CITY-ST-ZIP	DADE CITY, FL 33523	<u> </u>	<u> </u>	and the same of th	· · · · · · · · · · · · · · · · · · ·
TITLE	DV			en e	
NAME	BARTHLE, LAWRENCE		I		
STREET ADDRESS	17231 BELLAMY BROS. BLVD.		1	DO NOT WRITE	
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CITY-ST-ZIP	DADE CITY, FL		- Lagrania	way you have a recommendated a part of the second s	
TITLE	DADE CITY, FL	<u> </u>		Renal Agramatic Committee	
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TITLE	DV PAIGE, KATHLEEN			Renal Agramatic Committee	د د دووسه مدر کلمپیدی کی
TITLE NAME	DV PAIGE, KATHLEEN	 · _ · _ · _ · _ · _ · _ · _ · _ · 		Renal Communication Communication Company Company Communication Communic	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	DV PAIGE, KATHLEEN RT 1, BOX 101 N CLEWISTON, FL			Renal Communication Communication Company Company Communication Communic	درسیدهای بر درسیدهای بر
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DV PAIGE, KATHLEEN RT 1, BOX 101 N CLEWISTON, FL DV BARTHLE, MARK F.	<u> </u>	<u> </u>	Renal Communication Communication Company Company Communication Communic	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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12. I hereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certily 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:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04 Bate

Daytime Phone #