2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2007 8:00 am Secretary of State

Principal Place of Business	Principal Place of Bu	siness	DOCUMENT # 236269 1. Entity Name SCARBOROUGH & SONS RANCH INC								
2. Principal Place of Business - No P.O. Box # 2. Malfing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O2152007 ChgP CR2E034 (12/06) City & State City & State City & State Applied For 59-1204274 Applie	Principal Place of Business Mailing Address										
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Scanding Signature Signa	Suite, Apt. #, etc.		Suite, Apt. #, etc.				02152007	Chg-P	CR2E034 (1	2/06)	
6. Name and Address of Current Registered Agent SCARBROUGH, BOBBY 1952 CR 29 LAKE PLACID, FL 33852 City City FL Zip Code City FL Zip Code City FL Zip Code City FL Sprature, hyood or printed name of legistered agent and title if applicable. Normal Scarbander May 1, 2007 Fee will be \$550.00 After May 1, 2007 Fee will be \$550.00 Tuss Fund Contribution. Deficers And Directors 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DVST SCARBOROUGH, BOBBY STREET ADDRESS CITY-S1-2IP LAKE PLACID, FL 33852 The Addition SCARBOROUGH, JACK STREET ADDRESS CITY-S1-2IP LAKE PLACID, FL 33852 The Addition SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-S1-2IP LAKE PLACID, FL 33852 The Addition SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-S1-2IP Change Addition Addition MAE SIREET ADDRESS SIREET ADDRE	City & State		City & State					274			
SCARBROUGH, BOBBY 1952 CR 29 LAKE PLACID, FL 33852 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 prized name of registered agent and title if soptiable. (NOTE Registered Agent signature required when remalating) PLATE FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 PERCENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DVST SCARBOROUGH, BOBBY 740 SUNSET POINTE DR LAKE PLACID, FL 33852 CITY-SI-2IP TITLE DP Delate SCARBOROUGH, JACK STREET ADDRESS CITY-SI-2IP DP CARBOROUGH, JACK STREET ADDRESS CITY-SI-2IP Delate TITLE NAME SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-SI-2IP Delate TITLE DATE SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-SI-2IP Delate TITLE NAME SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-SI-2IP Delate TITLE NAME SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-SI-2IP Delate TITLE NAME SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-SI-2IP Delate TITLE NAME SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-SI-2IP Delate TITLE NAME SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-SI-2IP Delate TITLE NAME SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-SI-2IP Delate TITLE NAME SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-SI-2IP Delate TITLE NAME STREET ADDRESS	Zip	Country	Zip	Coun	try		5. Certificate of	Status Desired			
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Sireet 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remalating) P. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Addition NAME STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 TITLE DP SCARBOROUGH, JACK STREET ADDRESS CITY-ST-ZIP LAKE PLACID, FL 33852 TITLE Delete TITLE DP SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-ST-ZIP LAKE PLACID, FL 33852 TITLE Delete TITLE DP SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-ST-ZIP LAKE PLACID, FL 33852 TITLE Delete TITLE DR SCARBOROUGH LANE LAKE PLACID, FL 33852 CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-ZIP LAKE PLACID, FL 33852 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS	SCARBROUGH	I BOBBY			Name						
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is ruped in the control 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:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3.1.07

863-465-6464

Date

Daytime Phone #