2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 246258

Entity Name: MONTSDEOCA RANCH INC

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4532 BLUFF HAMMOCK ROAD 4532 BLUFF HAMMOCK ROAD LORIDA, FL 33857 US

Current Mailing Address: New Mailing Address:

P O BOX 206

LORIDA, FL 33857 US

FEI Number: 59-0985234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JUDY ANN BRONSON

140 MONTSDEOCA LANE
LORIDA, FL 33857 US

BRONSON, JUDY A

140 MONTSDEOCA LANE
LORIDA, FL 33857 US

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.

SIGNATURE: JUDY A BRONSON 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:DPT () DeleteTitle:DPT (X) Change () AdditionName:BRONSON, JUDY ANNName:BRONSON, JUDY ANNAddress:140 MONTSDEOCA LANEAddress:140 MONTSDEOCA LANE

City-St-Zip: LORIDA, FL 33857 City-St-Zip: LORIDA, FL 33857 US

Title: VP () Delete Title: VP (X) Change () Addition Name: BRONSON, STEVE PRONSON, STEVE BRONSON, STEVE

Address: 140 MONTSDEOCA LANE Address: 140 MONTSDEOCA LANE City-St-Zip: SEBRING, FL 33857 City-St-Zip: SEBRING, FL 33857 SEBRING, FL 33857 SEBRING, FL 33857 US

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 MCCOLLEY, CHERYL
 Name:
 MCCOLLEY, CHERYL

 Address:
 660 WESTERN DRIVE
 660 WESTERN DRIVE

 City-St-Zip:
 MOORE HAVEN, FL 33471
 City-St-Zip:
 MOORE HAVEN, FL 33471 US

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MONTSDEOCÁ, GARY
 Name:
 MONTSDEOCÁ, GARY

 Address:
 104 LOGO LOCO LANE
 Address:
 104 LOGO LOCO LANE

 City-St-Zip:
 LORIDA, FL 33857
 City-St-Zip:
 LORIDA, FL 33857 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY ANN BRONSON PRES 04/28/2009