


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # 247796 1. Entity Name CIRCLE DOT RANCH INC	
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Principal Place of Business 1081 BROWNING RD LITHIA, FL 33547 US	Mailing Address 10811 BROWNING RD LITHIA, FL 33547 US
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DO NOT WRITE IN THIS SPACE



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0921479	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

MASSARO, ANGELO
10811 BROWNING ROAD
LITHIA, FL 33547

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000055465 02/18/04-80002-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSARO, LOUISE 10811 BROWNING ROAD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MASSARO, PAUL A 10811 BROWNING ROAD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSARO, PAUL A 10811 BROWNING ROAD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASSARO, ANGELO 10811 BROWNING ROAD LITHIA, FL 33547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Angelo Massaro 2/12/04 813-681-4824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #