


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 250184</b> 1. Entity Name STITT RANCH, INC.	
---	---

Principal Place of Business 4513 W. US HIGHWAY 27 CLEWISTON, FL 33440	Mailing Address 4513 W. US HIGHWAY 27 CLEWISTON, FL 33440
---	---

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0929560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STITT, JOHN M  
4513 W. US HIGHWAY 27  
CLEWISTON, FL 33440

**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 registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STITT, JOHN M 4513 W. US HIGHWAY 27 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STITT, SANDRA W 4513 W. US HIGHWAY 27 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSTONE, ELIZABETH S 4513 W. US HIGHWAY 27 CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, DEVERELLE 308 WAYNE AVE LUBBOCK, TX 79416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000650346  
03/08/07-80010-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *John M. Stitt* **2-21-07** **259 8608216**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #