| 2006 FOR PROFIT CORPORATION                                       |  |  |                                | FILED<br>May 10, 2006 8:00 am<br>Secretary of State       |  |   |
|---|--|--|--------------------------------|---|--|---|
| 1. Entity Name  |  | ,,, _, |                                | 05-10   | -2006 90101 014                                    | ***150.00   |
| <u></u>   | RANCHETTES, INC.   |  |                                | en  | 137801   |   |
| Principal Place of Business<br>519 CRILL AVE<br>PALATKA, FL 32177 |  | Mailing Address<br>519 CRILL AVE<br>PALATKA, FL 32177  |                                | 0000000   |  |   |
|   |  |  |                                |   |  |   |
| D   |  | re in this spa   | CE                             | 04252006 No C<br>4. FEI Number<br>59-1511082              |  | 4 (11/05) Applied For Not Applicable                |
|   | 6 Name and Address of Cu   | rant Basisterad Agent  |                                | 5. Certificate of Status                                  |  | 8.75 Additional<br>ee Required                      |
| BANKS, P<br>519 CRILL   | AVE  | rent Régisterea Agént  |                                | DO NO   |  |   |
| PALATKA, FL 32177   |  |  |                                | IN THIS   | S SPACE  |   |
|   | named entity submits this statem<br>ions of registered agent.                | ent for the purpose of changing its regist   | tered office or registe        | red agent, or both, in the t                              | State of Florida. I am fa                          | miliar with, and accept                             |
| SIGNATURE_  | Signature, typed or printed name of registered                               | agent and title if applicable. (NOTE: Regist   | tered Agent signature required | 1 when reinstating)                                       | DATE   |   |
|   | E NOWIII FEE IS \$150.00<br>ay 1, 2006 Fee will be \$5                       |  | · _ ++                         | .00 May Be<br>led to Fees                                 |  |   |
| 10.<br>TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP             | OFFICERS<br>P<br>MOTES, BELLAH<br>621 W HWY 20<br>HOLLISTER, FL 32147        | AND DIRECTORS  |                                |   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | S<br>HARRIS, BARBARA<br>PO BOX 979<br>PALATKA, FL 32178                      |  |                                |   |  |   |
| TITLÉ<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |  |  |                                | DO NO   |  | E   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |  |  |                                | IN THI  | S SPACE  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |  |  |                                |   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                |  |  |                                |   |  |   |
| indicated<br>of the co  | t on this report or supplemental re<br>reporation or the receiver or trustee | d with this filing does not quality for the<br>port is true and accurate and that my sig<br>empowered to execute this report as re-<br>ress, with all other like empowered.  | nature shall have the          | same legal effect as if ma<br>7, Florida Statutes; and th | ade under oath; that I a<br>iat my name appears ir | m an officer or director<br>Block 10 or Block 11 if |
| SIGNAT  | TURE: <u><i>PUTU</i></u>   | CON DUMAS  |                                | 4/21/   | 106 <u>386</u> -                                   | -325-7523   |