2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 427888

1. Entity Name
PRAIRIE RANCHETTES, INC.

FILED
06 AUG -2 AM 10: 17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07142006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
519 CRILL AVE PALATKA, FL 32177	519 CRILL AVE PALATKA, FL 32177

2. Principal Place of Business	3. Mailing Address
3270 CROSS CREEK PLACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FL	City & State
Zip: 32086 Country: US	Zip Country

4. FEI Number: 59-1511082 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BANKS, PATRICIA 519 CRILL AVE PALATKA, FL 32177	Name: VIRGINIA ROBBINS LEE Street Address (P.O. Box Number is Not Acceptable): 3270 CROSS CREEK PLACE City: ST. AUGUSTINE FL Zip Code: 32086

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: VIRGINIA ROBBINS LEE 7-14-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOTES, BELLAH 621 W HWY 20 HOLLISTER, FL 32147	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VIRGINIA ROBBINS LEE 3270 CROSS CREEK PLACE ST. AUGUSTINE, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARRIS, BARBARA PO BOX 979 PALATKA, FL 32178	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T HARLOW MIDDLETON 2065 MORRIS STREET EUSTIS, FL 32726	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900078346[illegible] 08/08/06--01030--009 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: VIRGINIA ROBBINS LEE, PRESIDENT 7-14-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #