
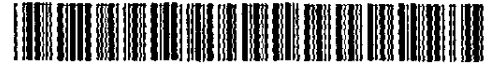


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 431412 1. Entity Name ST MARY'S RIVER RANCH INC	
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Principal Place of Business 4400 MARSH LANDING BLVD., #7 PONTE VERDE BEACH, FL 32082-8287	Mailing Address 4400 MARSH LANDING BLVD., #7 PONTE VERDE BEACH, FL 32082-8287
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02072006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1497644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent BATTEN, DORIS P 4400 MARSH LANDING BLVD. #7 PNT E VEDRA BEACH, FL 32082-8287
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIXON, JOSEPH M 4349 DUVAL DR PONTE VEDRA BCH, FL
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03/21/06-80010-024 150.00**

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:  **3/7/06** **904-285-8645**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Joseph M. Hixon, III