

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90019 025 ***158.75

DOCUMENT # 694379
 1. Entity Name
 H.C. WILLIAMSON RANCH, INC.



Principal Place of Business
 22901 SW WARFIELD BLVD.
 INDIANTOWN, FL 34956 US

Mailing Address
 P.O. BOX 759
 OKEECHOBEE, FL 34973 US

40033007



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01172008 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
 59-2102513

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 WILLIAMSON, JENNIFER L ESQ.
 555 COLORADO AVE.
 STUART, FL 34994

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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, 2008 Fee will be \$550.00

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 PD Delete
 NAME WILLIAMSON, JACK H
 STREET ADDRESS 2308 S. PARROTT AVE
 CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPSD Delete
 NAME HAVERLOCK, FAYE A
 STREET ADDRESS 309 SW 15TH ST
 CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE Change Addition
 NAME VPSD
 NAME HAVERLOCK, FAYE A
 STREET ADDRESS 3285 SW 28th STREET
 CITY-ST-ZIP OKEECHOBEE, FL 34974

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Faye A Haverlock 2-6-08 862-357-2442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #