

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90194 007 \*\*\*150.00

<b>DOCUMENT # F02000005478</b> 1. Entity Name <b>GOLDEN STATE RANCHES, INC.</b>					
Principal Place of Business <b>18741 S. RIVER RD ALVA, FL 33920</b>			Mailing Address <b>18741 S. RIVER RD ALVA, FL 33920</b>		
2. Principal Place of Business <b>2771 Teal Court</b>		3. Mailing Address <b>2771 Teal Court</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>St. James City, FL</b>		City & State <b>St. James City, FL</b>		4. FEI Number <b>94-2309696</b>	
Zip <b>33956</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LIDDELL, NORMAN J 18741 S. RIVER RD ALVA, FL 33920</b>		7. Name and Address of New Registered Agent Name <b>Liddell, Norman J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2771 Teal Court</b> City <b>St. James City</b> <b>FL</b> Zip Code <b>33956</b>			
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: <span style="float: right;">4/26/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LIDDELL, NORMAN J</b> <b>18741 S. RIVER RD</b> <b>ALVA, FL 33920</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LIDDELL, KIMBERLEY A</b> <b>18741 S. RIVER RD</b> <b>ALVA, FL 33920</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <span style="float: right;">4/26/05 2392833387</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					