


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2005 08:00 AM  
Secretary of State

DOCUMENT # F05041	
1. Entity Name CAYSON RANCH, INC.	

Principal Place of Business C/O A. GERALD CAYSON 905 E CENTRAL AVE P O BOX 237 BLOUNTSTOWN FL 32424	Mailing Address C/O A. GERALD CAYSON 905 E CENTRAL AVE P O BOX 237 BLOUNTSTOWN FL 32424 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2917815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  GERALD, CAYSON A 21269 HWY 20 E BLOUNTSTOWN FL 32424
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	CAYSON, ALBERT GERALD
STREET ADDRESS	905 E CENTRAL AVENUE
CITY- ST- ZIP	BLOUNTSTOWN FL
TITLE	D <input type="checkbox"/> Delete
NAME	LATHEM, MARCIA C
STREET ADDRESS	HWY 20 EAST
CITY- ST- ZIP	BLOUNTSTOWN FL
TITLE	D <input type="checkbox"/> Delete
NAME	CAYSON, ALBERT G JR
STREET ADDRESS	21269 HWY 20 E
CITY- ST- ZIP	BLOUNTSTOWN FL 32424
TITLE	D <input type="checkbox"/> Delete
NAME	LATHEM, ALBERT C
STREET ADDRESS	21547 SR 20 E
CITY- ST- ZIP	BLOUNTSTOWN FL 32424
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1000000209115
STREET ADDRESS	02/02/05-80025-013 150.00
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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.

SIGNATURE A. Gerald Cayson 02-02-05 850-674-8212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #