


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # F05041 1. Entity Name CAYSON RANCH, INC.	
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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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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

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	DO NOT WRITE IN THIS SPACE
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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000591438 01/19/07-80022-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAYSON, ALBERT GERALD 905 E CENTRAL AVENUE BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHAM, MARCIA C HWY 20 EAST BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAYSON, ALBERT G JR 21269 HWY 20 E BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LATHAM, ALBERT C 21547 SR 20 E BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLF, SAMUEL B DR 1702 WOLGRUN LN PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  1-10-07 674 5645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #