


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 08:00 A
Secretary of State

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| 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



01172008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2917815 | Applied For <input type="checkbox"/> 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

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 _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 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

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| 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 | |

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02/28/08-80004-025 150.00

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: Albert C. Latham **2-18-08** 1820643-2415

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #