2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05041

Entity Name: CAYSON RANCH, INC.

FILED Feb 10, 2009 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

C/O A. GERALD CAYSON
905 E CENTRAL AVE P O BOX 237
BLOUNTSTOWN, FL 32424

C/O ALBERT CAYSON LATHEM
21547 SR 20 EAST
BLOUNTSTOWN, FL 32424

Current Mailing Address: New Mailing Address:

C/O A. GERALD CAYSON

905 E CENTRAL AVE P O BOX 237

BLOUNTSTOWN, FL 32424 US

C/O ALBERT CAYSON LATHEM
P.O. BOX 621

BLOUNTSTOWN, FL 32424 US

FEI Number: 59-2917815 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GERALD, CAYSON A LATHEM, ALBERT C D.
21269 HWY 20 E 21269 HWY 20 E
BLOUNTSTOWN, FL 32424 US BLOUNTSTOWN, FL 32424 US

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.

SIGNATURE: ALBERT CAYSON LATHEM 02/10/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition CAYSON, ALBERT GERAL, D LATHEM, ALBERT C MR. Name: Name: 905 E CENTRAL AVENUE 21547 SR 20 EAST Address: Address: City-St-Zip: BLOUNTSTOWN, FL City-St-Zip: BLOUNTSTOWN, FL 32424

Title: (X) Change () Addition Title: () Delete Name: LATHEM, MARCIA C, Name: WALDORFF, MARCIA C MRS. HWY 20 EAST HWY 274 EAST Address: Address: BLOUNTSTOWN, FL ALTHA, FL 32421 City-St-Zip: City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 CAYSON, ALBERT G JR
 Name:

 Address:
 21269 HWY 20 E
 Address:

 City-St-Zip:
 BLOUNTSTOWN, FL 32424
 City-St-Zip:

Title: D (X) Delete Title: () Change () Addition

 Name:
 LATHEM, ALBÉRT C
 Name:

 Address:
 21547 SR 20 E
 Address:

 City-St-Zip:
 BLOUNTSTOWN, FL 32424
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 WOLF, SAMUEL B DR
 Name:
 WOLF, SAMUAL B DR

 Address:
 1702 WOLGRUN LN
 Address:
 1702 WOLFRUN

 City-St-Zip:
 PANAMA CITY, FL 32405
 City-St-Zip:
 PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALBERT CAYSON LATHEM MR. 02/10/2009