


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90007 011 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # F07514</b>                          |  |
| 1. Entity Name<br><b>SOUTH BRANCH RANCH, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>PO BOX 129<br/>3504 W. LEONA ST<br/>SAN ANTONIO FL 33576<br/>US</b> | Mailing Address<br><b>PO BOX 129<br/>3504 W. LEONA ST<br/>SAN ANTONIO FL 33576<br/>US</b> |
|---|---|

|  |   |
|--|---|
| 2. Principal Place of Business<br><b>29246 ST Joe Rd<br/>Suite, Apt. #, etc.<br/>Dade City</b> | 3. Mailing Address<br><b>P.O. Box 129<br/>Suite, Apt. #, etc.</b> |
|--|---|

|                                |                                       |
|--------------------------------|---------------------------------------|
| City & State<br><b>Florida</b> | City & State<br><b>San Antonio FL</b> |
| Zip<br><b>33525</b>            | Zip<br><b>33576</b>                   |
| Country<br><b>USA</b>          | Country<br><b>USA</b>                 |



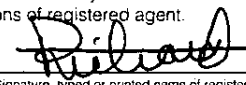
MOORE CR2E034 (11/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-2045352</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>BEHNKE, RICHARD K<br/>29246 ST. JOE ROAD<br/>DADE CITY FL 33525</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |
| <b>FL</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<br>  | DATE |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |      |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PTD<br>BEHNKE, RICHARD KURT<br>29246 ST. JOE ROAD<br>DADE CITY FL 33525 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>BEHNKE, JINX B<br>29246 ST. JOE ROAD<br>DADE CITY FL 33525 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

|   |  |
|---|--|
| 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:  | 2-17-04         | 352 424 2211 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |                 |              |
| Date   | Daytime Phone # |              |