

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90044 005 ***150.00

DOCUMENT # F12633

1. Entity Name
D.H. RANCH, INC.



Principal Place of Business
SOUTH EAST HUNT BROS ROAD
P.O. BOX 631
LAKE WALES, FL 33859-0631

Mailing Address
SOUTH EAST HUNT BROS ROAD
P.O. BOX 631
LAKE WALES, FL 33859-0631

40006160



01112005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2048054	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

MATTESON, JOHN, S
S.E. HUNT BROS. RD
LAKE WALES, FL 33853

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUNT, FRANK M., III
STREET ADDRESS	EAST HUNT BROS RD
CITY-ST-ZIP	LAKE WALES, FL

TITLE	VPD
NAME	HUNT, D. ANDREW
STREET ADDRESS	EAST HUNT BROS RD
CITY-ST-ZIP	LAKE WALES, FL

TITLE	STD
NAME	MATTESON, JOHN S.
STREET ADDRESS	EAST HUNT BROS RD
CITY-ST-ZIP	LAKE WALES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:

John D Matteson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05 (863) 676-9471
Date Daytime Phone #