



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F60608 1. Entity Name BALDWIN ANGUS RANCH, INC.			
Principal Place of Business % LEROY BALDWIN 3660 N.W. 56TH STREET OCALA, FL 34475 US		Mailing Address % LEROY BALDWIN 3660 N.W. 56TH STREET OCALA, FL 34475 US	
DO NOT WRITE IN THIS SPACE			
		01072008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2160932	
		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 BALDWIN, LEROY 3660 N.W. 56TH STREET OCALA, FL 34475		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 _____			
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	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000782921 01/16/08-80035-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BALDWIN, LEROY 3660 NW 56TH STREET OCALA, FL 00000,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN-PAPY, JOY 3660 NW 56TH STREET OCALA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BALDWIN, SHARON 3660 NW 56TH STREET OCALA, FL 00000,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, JOHN A. 3660 NW 56TH STREET OCALA, FL 00000,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALDWIN, ANTHONY L. 3660 NW 56TH STREET OCALA, FL 00000,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <i>Sharon E. Baldwin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SHARON BALDWIN S/T/D Jan 10, 2008 352/629-4574 Date Daytime Phone #	