PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600004707

1. Corporation Name

SADDLEBAG CREEK RANCH, INC.

	AG CREEK RANCH, INC.						
Principal Place	of Business	Mailing Address					
450 TEMPLE CIT		1450 TEMPLE CITY DR.					•
ROY MI 48084 TROY MI 48084				DO NOT WRITE IN	THIS SPACE	,	
	4				3. Date Incorporated or Qualifed		
					09/12/1996		
		Do Adultino Address			4. FEI Number	1	opplied For
Principal Pla	ice of Business	2a. Mailing Address			38-3185429		lot Applicable
1]	:	Suite, Apt. #, etc.				\$8.75	Additional
Suite, Apt. #	t, etc.	⊢ ' '		•	5. Certifcate of Status Desired	Fee	Required
2		City & State			6. Election Campaign Financing	\$5.0	May Be
City & State		<u>├</u> ─┐ ⁻			Trust Fund Contribution	Adde	to Fees
.3		Zip	Count	ry	8. This corporation owes the current ye	ar Intangible	
Zip 	Country	⊢ ¬ '	30	•	Personal Property Tax.	∐Yes	□No
4	25	nt Registered Agent	1 <u>301</u> T		10. Name and Address of New Regist	ered Agent	
	9. Name and Address of Curre		8	1 Name			
.c.T.f	CORPORATION SYSTEM	r with	<u> </u>	0 0-1-1	ress (P.O. Box Number is Not Acceptable)		
SAD 1200 S. PINE ISLAND RD.			8	Street Add	IFESS (F.O. DOX NUMBER IS NOT FEEDERALD)	Contract States	LI STATE OF THE ST
	TATION FL 33324		\ <u></u>	33	2.5	,我们都是自己	
POW	IRHON I E GOOET					95 7	p Code
				34 City		FLUI	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida State of Florida, Such change was lations of, Section 607.0505, F	tutes, the abo authorized l Torida Statut	ove-named cor by the corporaties.	poration submits this statement for the purp- tion's board of directors. I hereby accept the	ose of changing appointment as	its registered registered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, F	Florida Statut	es.	D.	ATE	
agent. I as	m familiar with, and accept the oblig	ations of, Section 607.0505, F jent and title if applicable. (NC ND DIRECTORS	Florida Statut	es.		ATE RS AND DIREC	TORS IN 12
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14. 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 annual report of suppliemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or primal attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

1450 F81-910 F10

THE STATE OF

TITLE

NAME

STREET ADDRESS

DELETE

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90010 028 ***150.00

Daytime Phone #