


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90036 046 \*\*\*150.00

<b>DOCUMENT # F96000004709</b> 1. Entity Name <b>HIDDEN OAK RANCH, INC.</b>					
Principal Place of Business <b>% DETIORE, HALLMAN &amp; CO</b> <b>39533 WOODWARD AVE</b> <b>BLOOMFIELD HILLS, MI 48304</b>			Mailing Address <b>4800 STONELEIGH</b> <b>BLOOMFIELD HILLS, MI 48302</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>38-3185427</b> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, ELEANOR S</b> <b>6670 WINDJAMMER PLZ</b> <b>BRADENTON, FL 34202</b>				7. Name and Address of New Registered Agent Name <u>JARVIS WILLIAMS</u> Street Address (P.O. Box Number is Not Acceptable) <u>6670 WINDJAMMER</u> City <u>BRADENTON</u> FL Zip Code <u>34202</u>	
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 <u>Jarvis Williams</u> <u>JARVIS WILLIAMS</u> DATE <u>3-1-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, ELEANOR S 4800 STONELEIGH BLOOMFIELD HILLS, MI 48302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. - TREAS. JARVIS WILLIAMS 6670 WINDJAMMER BRADENTON, FL 34202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WILLIAMS, JARVIS 4800 STONELEIGH BLOOMFIELD HILLS, MI 48302	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECY Eleanor Williams 4800 Stoneleigh Bloomfield Hills, MI 48302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 of 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: <u>Jarvis Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3-1-07</u> <small>Daytime Phone #</small>	

20004678



01202007 Chg-P CR2E034 (12/06)