2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # F96000005686 1. Entity Name RESTING S RANCH, INC. Principal Place of Business Mailing Address 90 BISHOP LANE 90 BISHOP LANE PELHAM, AL 35124 PELHAM, AL 35124

FILED Apr 27, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				04272007 4. FEI Numbe 63-1116		CR2E03	4 (11/05) Applied For Not Applicable 8.75 Additional are Required
STEPHENS, MICHAEL E 1896 KINGFISH ROAD NAPLES, FL 34102			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	
	E NOW!!! FEE IS \$150.00 ny 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	scing	\$5.00 May Be Added to Fees	~		
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, MICHAEL E 1896 KINGFISH ROAD NAPLES, FL 34102				Loc	s,,,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KASSOUF, GERARD J 2208 UNIVERSITY BOULEVARD BIRMINGHAM, AL 35233				05/10/)000736 '07-800	088 60-025 150.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP				_ -	NOT W		
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN ⁻	THIS SF	PACE	
TIRLE Name Street address City+St-Zip							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby o	certify that the information supplied with this I	ling does not qualify for the ex-	omptions cont	tained in Chapter 119), Florida Statutes	further certi	ly 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:

D NAME OF SIGNING OFFICER OF