

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90010 004 ***150.00

DOCUMENT # F97000003787					
1. Entity Name RANCHO DE MACHO GRANDE, INC.					
Principal Place of Business 255 NE 6TH AVE DELRAY BEACH, FL 33483		Mailing Address 255 NE 6TH AVE DELRAY BEACH, FL 33483		24037304	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01282004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 52-2046206	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WINTZER, WILLIAM R 255 NE 6TH AVE DELRAY BEACH, FL 33483			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOODYEAR, KIMBERLY A		NAME	SZAROI, JOHN	
STREET ADDRESS	125 LA POSTA ROAD		STREET ADDRESS	125 LA POSTA RD	
CITY-ST-ZIP	TAOS, NM 87571		CITY-ST-ZIP	TAOS, NM 87571	
TITLE	CD	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WORRELL, THOMAS E JR		NAME	BECKER, LAURA	
STREET ADDRESS	255 NE 6TH AVE		STREET ADDRESS	125 LA POSTA RD	
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP	TAOS, NM 87571	
TITLE	VSD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN MARTIN, MARTA		NAME		
STREET ADDRESS	255 NE 6TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTZER, WILLIAM A		NAME		
STREET ADDRESS	255 NE 6TH AVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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>William R. Wintzer</i> WILLIAM R WINTZER		Date: 4/5/04		Daytime Phone #: (561) 243-2400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					