


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G11513</b> 1. Entity Name <b>RANGE 26 LANDOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>48 RICHMOND DR. NEW SMYRNA BCH., FL 32169</b>	Mailing Address <b>48 RICHMOND DR. NEW SMYRNA BCH., FL 32169</b>
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**DO NOT WRITE IN THIS SPACE**



03102004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2391433</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HARTDORN, JEFFREY  
48 RICHMOND DR.  
NEW SMYRNA BCH., FL 32169**

**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)  
Signature, typed or printed name of registered agent and file if applicable DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000095176 03/24/04-80023-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARTDORN, JEFFREY 48 RICHMOND DR. NEW SMYRNA BCH., FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Jeff Hartdorn **386-427-2243**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #