2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2005 8:00 am Secretary of State DOCUMENT # G43295 1. Entity Name 01-31-2005 90071 005 ***150.00 RANCH MOBILE WWTP, INC. Principal Place of Business Mailing Address 6800 150TH AVENUE, NORTH CLEARWATER FL 33764 6800 150TH AVENUE, NORTH CLEARWATER FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2305969 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALLER, KAREN E Street Address (P.O. Box Number is Not Acceptable) ONE PROGRESS PLAZA **SUITE 1210** ST. PETERSBURG FL 33701 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 Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THLE TITLE Addition ☐ Delete Change Change NAME BIRCHER, RALPH L NAME 6800 150TH AVE. N. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CLEARWATER FL CITY-ST-ZIP VC TITLE ☐ Defete TITLE ☐ Addition EMERSON, ROBERT L NAME NAME STREET ADDRESS 6800 150TH AVE. N. STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33764 CITY-ST-7IP TITLE Delete TITLE Addition MILLER, BARBARA A NAME STREET ADDRESS 6800_150TH_AVE. N. STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33764** CITY-ST-ZIP DTLF Delete TITLE ■ Addition PAYNE, BETTY NAME NAME 6800 150TH AVE. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33764** CITY-ST-ZIP TITLE Delete ☐ Addition Change TITLE FOUGHT, THOMAS NAME NAME 6800 150TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CLEARWATER FL 33764 CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Addition ☐ Delete ☐ Change 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)(i), 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

DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

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