


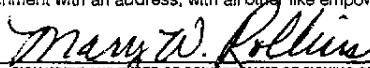


FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # G64993 1. Entity Name BAR U RANCH, INC.				Secretary of State	
Principal Place of Business % REX A. WYCKOFF 1838 KAZEN ROAD WAUCHULA, FL 33873 US		Mailing Address % REX A. WYCKOFF P.O. BOX 801 WAUCHULA, FL 33873 US			
DO NOT WRITE IN THIS SPACE				01052004 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-2330462	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYCKOFF, REX A. 1838 KAZEN ROAD WAUCHULA, FL 33873				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) 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				 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P WYCKOFF, REX A. 1838 KAZEN ROAD WAUCHULA, FL 33873			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		S ROLLINS, MARY W. 3048 HAMPTON ROAD, PO BOX 801 WAUCHULA, FL 33873			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		1/5/04 (863) 773-9673			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			