## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 8:00 am Secretary of State DOCUMENT # H68937 05-01-2006 90460 033 \*\*\*150.00 1. Entity Name SHERROUSE RANCH, INC. Principal Place of Business Mailing Address 11262 SHERROUSE RAOD 11262 SHERROUSE RAOD LAKELAND, FL 33810-1027 US LAKELAND, FL 33810-1027 US 2. Principal Place of Jusiness 17450 Koul Ridge 7450 KacKR. Suite, Apt. #, etc 04282006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For 59-2584349 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent WATKINS WATKINS, EARL LEE JR Street Address (P.O. Box Number is Not Acceptable) 11272 SHERROUSE ROAD LAKELAND, FL 33810 33868 The above name enlity submits this state the obligations of registered agent. for the purpose of changing its registered office or registered agent, or both, in the State of Florida. tered Agent signature required when reinstating) Signsture, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE TITLE 450 ROCKRIDGE ROAD SHERROUSE, MARTHA R. MANAF STREET ADDRESS 11262 SHERROUSE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL ☐ Addition ☐ Delete TITLE So RockRidge KoAd WATKINS, KATHY SHERROUSE NAME NAME 11272 SHERROUSE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP LAKELAND, FL 33810 Addition TITLE ☐ Delete TITLE WATKINS, EARL LEE JR NAME 11272 SHERROUSE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND, FL 33810 ☐ Delete TITLE SHERROUSE, ANN W. NAME NAME STREET ADDRESS 17550 ROCKRIDGE RD. STREET ADDRESS CITY-ST-ZP CITY-ST-ZiP POLK CITY, FL 33868 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 SIGNATURE:

ATTACHMENT 60032092 Shensuse Rauch Tall. Please Note All Address Changer. Hank You -