

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K52006

FILED  
Sep 25, 2006  
Secretary of State

Entity Name: EDWARD YARBOROUGH RANCHES, INC.

## Current Principal Place of Business:

1355 SNOWHILL RD  
GENEVA, FL 32732

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 65  
GENEVA, FL 32732 US

## New Mailing Address:

FEI Number: 59-2921141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YARBOROUGH, IMOGENE  
186 FIRST STREET  
GENEVA, FL 32732 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: YARBOROUGH, IMOGENE,  
Address: 186 FIRST STREET  
City-St-Zip: GENEVA, FL

Title: VD ( ) Delete  
Name: YARBOROUGH, WILLIAM, E.  
Address: 180 FIRST STREET  
City-St-Zip: GENEVA, FL

Title: D ( ) Delete  
Name: YARBOROUGH, JAMES W.,  
Address: 264 SECOND STREET  
City-St-Zip: GENEVA, FL

Title: SD (X) Delete  
Name: MAZAK, REBA J.,  
Address: P.O. BOX 362  
City-St-Zip: GROVELAND, FL

Title: TD ( ) Delete  
Name: YARBOROUGH, SHARON L, YNN  
Address: 185 1ST STREET  
City-St-Zip: GENEVA, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: STD (X) Change ( ) Addition  
Name: YARBOROUGH, SHARON L, YNN  
Address: 185 1ST STREET  
City-St-Zip: GENEVA, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON LYNN YARBOROUGH

STD

09/25/2006

Electronic Signature of Signing Officer or Director

Date