


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K64923**  
 1. Entity Name  
**JUPITER RANCH, INC.**



Principal Place of Business      Mailing Address  
**C/O JACK B. OWEN JR.**      **7150 SW KANNER HWY**  
**4500 PGA BLVD STE 400**      **INDIANTOWN, FL 34956 US**  
**PALM BEACH GARDENS, FL 33418**

**DO NOT WRITE IN THIS SPACE**



01262005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0099584</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**

**BURG, CLIFFORD F**  
**7150 SW KANNER HWY**  
**INDIANTOWN, FL 34956**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	DIVOSTA, OTTO
STREET ADDRESS	4500 PGA BLVD
CITY-ST-ZIP	PALM BCH GRDNS, FL
TITLE	DST
NAME	DIVOSTA, BETTY J
STREET ADDRESS	4500 PGA BLVD
CITY-ST-ZIP	PALM BCH GRDNS, FL
TITLE	DV
NAME	BURG, CLIFFORD F
STREET ADDRESS	7150 SW KANNER HWY
CITY-ST-ZIP	INDIANTOWN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE IN THIS SPACE**

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:** \_\_\_\_\_      **2/16/05**      **772887-8111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #