2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K64923

1. Entity Name
JUPITER RANCH, INC.



Principal Place of Business

C/O PHIL BRANDT 4500 PGA BLVD STE 207 PALM BEACH GARDENS, FL 33418 Mailing Address

7929 SW JACK JAMES DRIVE STUART, FL 34997 US FILED
Jan 22, 2008 08:00 A
Secretary of State



DO NOT WRITE IN THIS SPACE

01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0099584

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

BURG, CLIFFORD F 7929 SW JACK JAMES DRIVE STUART, FL 34997

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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 ramiliar with, and accept
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FiLE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIVOSTA, OTTO 4500 PGA BLVD, SUITE 207 PALM BCH GRDNS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DIVOSTA, BETTY J 4500 PGA BLVD, SUITE 207 PALM BCH GRDNS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BURG, CLIFFORD F 7929 SW JACK JAMES DRIVE STUART, FL 34997
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12. I hereby certify that the information supplied with this filling does not goalify 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

IGNING OFFICER OR DIRECTOR

16/03

MS-78CCT

Daytime Phone #