2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2005 08:00 AM **DOCUMENT # L97619 Secretary of State** 1. Entity Name VARGAS LAND COMPANY, INC. Principal Place of Business Mailing Address 415 NW 250 ST 415 NW 250 ST SUITE 3 SUITE 3 NEWBERRY, FL 32669 NEWBERRY, FL 32669 211 01072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3050865 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VARGAS, ERNEST R DO NOT WRITE 25115 NW 68 LANE HIGH SPRINGS, FL 32643 IN THIS SPACE 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 8. The above named entity submits this the obligations of registered age (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE VARGAS, ERNEST MALIF STREET ADDRESS 25115 NW 68 LANE CATY-ST-ZIP HIGH SPRINGS, FL. 32643 BBE VARGAS, CHRISTOPHER H NAME U00000174736 STREET ADDRESS 25303 NW 68 LANE 01/10/05-80021-021 **1**50.00 HIGH SPRINGS, FL 32643 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 reports 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 employered 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 applicacy, with all gifter like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP