

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90156 009 \*\*\*150.00

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| <b>DOCUMENT # P02000063595</b>   |  |  |  |
| <b>1. Entity Name</b><br><b>VALLEY 4 RANCH SUPPLY INC</b>  |  |  |  |
| <b>Principal Place of Business</b><br>2726 HIGHWAY 90<br>BONIFAY FL 32425  |  | <b>Mailing Address</b><br>P O BOX 760<br>GENEVA AL 36340   |  |
| <b>2. Principal Place of Business</b><br>2712 HWY 90 BONIFAY - FL 32425<br>Suite, Apt. #, etc.   |  | <b>3. Mailing Address</b><br>2712 HWY 90 BONIFAY FL 32425<br>Suite, Apt. #, etc.   |  |
| <b>City &amp; State</b><br>BONIFAY - FL  |  | <b>City &amp; State</b><br>BONIFAY - FL  |  |
| <b>Zip</b><br>32425  |  | <b>Country</b><br>FL   |  |
| <b>4. FEI Number</b><br>01-0719690   |  | <b>Applied For</b><br><input type="checkbox"/> Not Applicable  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>  |  |
| <b>6. Name and Address of Current Registered Agent</b><br>ELLENBURG, USA N<br>1136 ENGLISH LANE<br>WESTVILLE FL 32484  |  | <b>7. Name and Address of New Registered Agent</b><br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>City _____ <b>FL</b> Zip Code _____      |  |
| <b>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.</b>   |  |  |  |
| <b>SIGNATURE</b> _____<br><small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2003 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| <b>TITLE</b><br>President - <del>deleted</del> <input type="checkbox"/> Delete<br><b>NAME</b><br>Kathryn Bonann<br><b>STREET ADDRESS</b><br>2726 Hwy 90<br><b>CITY-ST-ZIP</b><br>Bonifay FL 32425  | <b>TITLE</b><br>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____ | CR2E034 (10/02)  |  |
| <b>TITLE</b><br>Sec / Treasurer <input type="checkbox"/> Delete<br><b>NAME</b><br>Kathryn Bonann<br><b>STREET ADDRESS</b><br>2726 Hwy 90<br><b>CITY-ST-ZIP</b><br>Bonifay FL 32425   | <b>TITLE</b><br>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____ |  |  |
| <b>TITLE</b><br>Kathryn Bonann <input type="checkbox"/> Delete<br><b>NAME</b><br>Kathryn Bonann<br><b>STREET ADDRESS</b><br>2726 Hwy 90<br><b>CITY-ST-ZIP</b><br>Bonifay FL 32425  | <b>TITLE</b><br>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____ |  |  |
| <b>TITLE</b><br>_____ <input type="checkbox"/> Delete<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____   | <b>TITLE</b><br>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____ |  |  |
| <b>TITLE</b><br>_____ <input type="checkbox"/> Delete<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____   | <b>TITLE</b><br>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____ |  |  |
| <b>TITLE</b><br>_____ <input type="checkbox"/> Delete<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____   | <b>TITLE</b><br>_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>NAME</b><br>_____<br><b>STREET ADDRESS</b><br>_____<br><b>CITY-ST-ZIP</b><br>_____ |  |  |
| <b>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 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.</b> |  |  |  |
| <b>SIGNATURE:</b> _____  |  | <b>SIGNATURE REQUIRED</b> <i>Kathryn Bonann</i> <b>4-10-03</b><br><small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small> |  |