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Secretary of State

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2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P02000086136			
1. Entity Name RANCH HUNT CLUB, INC.			
Principal Place of Business C/O CHARLES B. EDWARDS 4415 METRO PARKWAY, SUITE 325 FORT MYERS, FL 33916		Mailing Address C/O CHARLES B. EDWARDS 4415 METRO PARKWAY, SUITE 325 FORT MYERS, FL 33916	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent EDWARDS, CHARLES B 4415 METRO PARKWAY SUITE 325 FORT MYERS, FL 33916		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contributions	
10. OFFICERS AND DIRECTORS Send this card to magazines, businesses, friends and family to let them know you've moved. Please send mail to my new address starting: 3, 1, 2005 Month Day Year My Name: CHARLES B. EDWARDS Old Address: 4415 METRO PKY STREET OR PO BOX FT. MYERS CITY OR POST OFFICE APT./SUITE # FL STATE ZIP+4 New Address: 2225 FIRST STREET STREET OR PO BOX FORT MYERS CITY OR POST OFFICE APT./SUITE # FL 33901 STATE ZIP+4 Delete Change Addition 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. SIGNATURE: CHARLES B. EDWARDS 1-18-05 239-938-2745 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			