2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

DOCUMENT # P02000101962 1. Entity Name 05 RANCH INC.									04-04	1-2005	90080	019 ***	150.	00
Principal Place of Business				Mailing Address				1	4.		_			
655 CORTO RIDGE DRIVE NEW SMYRNA BEACH, FL 32168				655 CORTO RIDGE DRIVE NEW SMYRNA BEACH, FL 32168				<i></i>			1462		 (1814	
2. Principal Place of Business				3. Mailing Address										
Suite, Apt, #, etc.				Suite, Apt. #, etc.				03232005		-P	CR2E	E034 (10/	03)	
City & State			'	City & State	<u> </u>	4) FEI Number 31-0428989 57-			D428	42 8989 Applied For Not Applicable				
Zip	Country 6. Name and Address of Current I			Zip Cour		ntry	5. Certificate of Status			Fee Hequired				
	7. Name and Address of New Registered Agent Name													
DANIEL, M	Street Address (P.O. Box Number is Not Acceptable)													
655 CORTO RIDGE DRIVE NEW SMYRNA BEACH, FL 32168				•	Outest Address (1.0. Dox (Miniber is Not Addeptable)									
					City	y 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 the obligations of registered agent. 													nd accept	
SIGNATURE.	ions of regis	егео адаги,												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Output Description:														
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution						ncing \$	\$5.00 Added	0 May Be	• •		Tall Neb :		i	,
10.	!	OFFICERS AN	D DIREC		11.			ADDITIONS/	CHANGE	S TO OF	FICERS A		_	
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indicated of the cor	12. I heréby 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.													r director Block 11 if
SIGNAT	URE: _	SIGNATURE AND TYPED O	R PRINTED	NAME OF SIGNING OFFICER	OR DIREC	TOR TOR		<u>ر</u>	Date	- US		Daytime Pho	ne #	