2007 FOR PROFIT CORPORATION SANNUAL REPORT

Feb 16, 2007 08:00 AM **DOCUMENT # P03000007614 Secretary of State** 1. Entity Name BIG B RANCH, INC. Principal Place of Business Mailing Address 1553 SOUTH LANE AVENUE 1553 SOUTH LANE AVENUE JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 01152007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3096834 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GOODMAN, JONATHAN M ESQ. DO NOT WRITE 1377 CASSAT AVENUE JACKSONVILLE, FL 32205 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE BEDRAN, FRED M JR. NAME STREET ADDRESS 4506 SAN JUAN AVE U00000638203 CITY-ST-ZIP JACKSONVILLE, FL 32210 02/27/07-80021-013 150.00 TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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:

TITLE NAME STREET ADDRESS

SCHATURE AND TYPED OR PRINTED MANE OF RESUMS DEFICER OR DIFFECTOR

2-14-07

Daytime Phone #

FILED