


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000044046**  
 1. Entity Name  
 DDD RANCH, INC.



Principal Place of Business: 5420 HOPE HILL RD. BROOKSVILLE, FL 34601  
 Mailing Address: 11036 SPRING HILL DR. SPRING HILL, FL 34608

**DO NOT WRITE IN THIS SPACE**



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number: 20-0163266  
 Applied For: Not Applicable

5. Certificate of Status Desired: XXX  
 \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DEMARIA, DEBORAH G  
 11036 SPRING HILL DR.  
 SUITE 26  
 SPRING HILL, FL 34608

**DO NOT WRITE 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: *Deborah G. DeMaria*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

000000346919  
 04/30/05-80094-024 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DEMARIA, DEBORAH G
STREET ADDRESS	5420 HOPE HILL RD.
CITY - ST - ZIP	BROOKSVILLE, FL 34601
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Deborah G. DeMaria* Deborah G. DeMaria 4/27/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #