2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P03000049602 1. Entity Name			Secretary of State 04-29-2004 90315 022 ***150.00		
RANCH REALTY INC.				04-29-2004	90315 022 ***150.00
Principal Place of Business	Mailing Address				
3348 MERLE LANGFORD RD. ZOLFO SPRINGS FL 33890 US		3348 MERLE LANGFORD RD. ZOLFO SPRINGS FL 33890 US		I IBBILET! IT BEITY ING GOM S	
2. Principal Place of Business 3348 Murle hangfordly. Suite, Apt. #, etc.	Merle hangfordld. 3348 Myrle hungford ld.			MOORE	CR2E034 (11/03)
City & State 201-W Springs , Thoman	City & State 20140 Springs, Fhonzln		4. FEI Number	Applied For Not Applicable	
33890 Country 3.5A.	33.890 Country U.SA.		5. Certificate of Status Desired	/ ¢9.75	
Name and Address of Current Registered Agent			. Name	7. Name and Address of Nev	v Registered Agent
WELLS, JAMIE S	••••	4	<u> </u>	AME	,
3342 MERLE LANGFORD RD. ZOLFO SPRINGS FL 33890			Street Address (P.O. Box Number is Not Accepta	able)
			City		FL Zip Code
The above named entity submits this statement fo the obligations of registered agent.	r the purpose of changing ite	egistere	ed office or register	ed agent, or both, in the State of	Florida. I am familiar with, and accept
SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. INDIE: Registered Agent signature required when reinstating) DATE DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of	State			9. Election Campaign Trust Fund Contribu	= 40.00 may 00
10. OFFICERS AND	GRANTER AND	11.		ADDITIONS/CHANGES TO C	PEFICERS AND DIRECTORS IN 11
TIME Prosident & ALL	☐ Delete	TITLE	:	1.00.1.01.01.01.01.01.01.01.01.01.01.01.	☐ Change ☐ Addition
	OFFicer except V.P.		E ET ADORESS - ST-ZIP		
					☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 33 42 Merle hung find Nd. CITY-ST-ZIP 20 160 Springs Florish 37890			E Et address -St-Zip		
ITCE Defete		TITLE	:		☐ Change ☐ Addition
1 / See Wroce W/1. Oct			ET ADDRESS		en e
NAME TO DAY & WELL	5 Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	1. 12 33890	STRE	ET ADDRESS -ST-ZIP		
NAME 20 40 SPANAGE	SAJ & WELLS Delete s \$\fi 3342 Merle hunghed ka 20 40 Sarry, FAB 33890 Delete		<u>.</u>		☐ Change ☐ Addition
STREET ADDRESS . CITY-ST-ZIP			ET ADDRESS -ST-ZIP		
TITLE	☐ Delete	TITLE	:		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			E ET ADDRESS -ST-ZIP		
	this filing does not qualify for			ction 119 07/3)(i) Florida Statute	s. I further certify that the information
12. It 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 eath; 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:					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR