


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90056 031 ***150.00

DOCUMENT # P03000067061 1. Entity Name HEARTS CONTENT RANCH, INC.					
Principal Place of Business 17595 S TAMIAMI TRIAL, STE 100 FT MYERS, FL 33908			Mailing Address 6064 TIMBERWOOD CIRCLE #308 FT MYERS, FL 33908		
2. Principal Place of Business 6064 TIMBERWOOD CIRCLE		3. Mailing Address 6064 TIMBERWOOD CIRCLE #308			
Suite, Apt. #, etc. #308		Suite, Apt. #, etc. #308			
City & State FORT MYERS FL		City & State FORT MYERS FL		4. FEI Number 65-0840752 27-0060457	
Zip 33908		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent EATON, THOMAS E 17595 S TAMIAMI TRIAL, STE 100 FT MYERS, FL 33908			7. Name and Address of New Registered Agent Name THOMAS E EATON Street Address (P.O. Box Number is Not Acceptable) 6064 TIMBERWOOD CIRCLE #308 City FORT MYERS FL Zip Code 33908		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EATON, BARBARA A 6064-308 TIMBERWOOD CIRCLE FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6064 TIMBERWOOD CIRCLE #308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EATON, THOMAS E 6064-308 TIMBERWOOD CIRCLE FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6064 TIMBERWOOD CIRCLE #308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EATON, LLOYD 6064-308 TIMBERWOOD CIRCLE FORT MYERS, FL 33908		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6064 TIMBERWOOD CIRCLE #308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Barbara A Eaton</i> BARBARA A. EATON			Date 4/5/05 Daytime Phone # 239-671-9274		