2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90014 027 ***150.00

400044363

DOCUMENT # P03000077882

1. Entity Name
J.R.'S RANCH, INC.

Principal Place of Business	Mailing Address
5389 FAIRFIELD WAY FORT MYERS, FL 33919	5389 FAIRFIELD WAY FORT MYERS, FL 33919

01312005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
9300 VITTORIA CT.	7120 BERGAMO WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 201
City & State FT. MYERS FL.	City & State FT. MYERS FL.
Zip / Country 33912 / Lee	Zip / Country 33912 / Lee

4. FEI Number
65-1200179
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GELARDI, JAMES 5389 FAIRFIELD WAY FORT MYERS, FL 33919	Name: GELARDI JAMES Street Address (P.O. Box Numbers Not Acceptable): 9300 VITTORIA CT. City: FT. MYERS FL 33912

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: Gelardi 5-1-05
Signature, type 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT GELARDI, JAMES ~~5389 FAIRFIELD WAY~~ ~~FORT MYERS, FL 33919~~	☐ Delete	☑ Change ☐ Addition	9300 VITTORIA CT. FT. MYERS, FL. 33912
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS GELARDI, VICKIE LYNN ~~5389 FAIRFIELD WAY~~ ~~FORT MYERS, FL 33919~~	☐ Delete	☑ Change ☐ Addition	9300 VITTORIA CT. FT. MYERS FL. 33912
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ 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: Gelardi 5-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #