2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000089212

1. Entity Name
RANCH AT SLEEPY HOLLOW, INC.

08-25-2005 90007 001 ***150.00
08-25-2005 90007 002 ***400.00

Principal Place of Business	Mailing Address
RANCH AT SLEEPY HOLLOW 42 SLEEPY HOLLOW TRAIL PALM COAST, FL 32164	42 HOLLOW TRAIL PALM COAST, FL 32164

DO NOT WRITE IN THIS SPACE

04032005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1201466	Not Applicable

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

6. Name and Address of Current Registered Agent

CONNER, TIMOTHY J
2 JUNGLE HUT RD STE 1
PALM COAST, FL 32137

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 _Gail Barr_   Gail Barr   7/16/05

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	BARR, ARTHUR M
STREET ADDRESS	2628 S CENTRAL AVE
CITY-ST-ZIP	FLAGLER BCH, FL 32136

TITLE	P
NAME	BARR, GAIL
STREET ADDRESS	2628 S CENTRAL AVE
CITY-ST-ZIP	FLAGLER BCH, FL 32136

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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: _Gail Barr_   Gail Barr   7/16/05   3864375683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #