

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000089212

FILED  
Apr 22, 2012  
Secretary of State

**Entity Name:** RANCH AT SLEEPY HOLLOW, INC.

**Current Principal Place of Business:**

RANCH AT SLEEPY HOLLOW  
42 SLEEPY HOLLOW TRAIL  
PALM COAST, FL 32164

**New Principal Place of Business:**

**Current Mailing Address:**

RANCH AT SLEEPY HOLLOW  
42 SLEEPY HOLLOW TRAIL  
PALM COAST, FL 32164

**New Mailing Address:**

**FEI Number:** 65-1201466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARR, GAIL  
42 SLEEPY HOLLOW TRAIL  
PALM COAST, FL 32164 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: BARR, ARTHUR M  
Address: 42 SLEEPY HOLLOW TRAIL  
City-St-Zip: PALM COAST, FL 32164

Title: P  
Name: BARR, GAIL  
Address: 42 SLEEPY HOLLOW TRAIL  
City-St-Zip: PALM COAST, FL 32164

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAIL BARR

P

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date