2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90396 039 ***150.00

DOCUMENT # P03000097123

1. Entity Name
MY JESTIC RANCH, INC.

Principal Place of Business	Mailing Address
40701 C.R. 439 LEEWARD STREET UMATILLA, FL 32784 US	40701 C.R. 439 UMATILLA, FL 32784 US

02232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
26711 LEEWARD ST.	P.O. BOX 1878
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: EUSTS, FL	City & State: UMATILLA, FL
Zip: 32726 Country:	Zip: 32784-1878 Country: USA

4. FEI Number 20-0199788 ☐ 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
OBRIG, ELWOOD M 700 ALMOND STREET CLERMONT, FL 34711	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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____
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, 2004 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	P PERMENTER, ED 40701 C.R. 439 UMATILLA, FL 32784 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P.O.BOX 1878 UMATILLA, FL 32784-1878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PERMENTER, JEAN 40701 C.R. 439 UMATILLA, FL 32784 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition P.O. BOX 1878 UMATILLA, FL 32784-1878
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Jean Permenter 4/26/04 352-636-8853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #