2008 FOR PROFIT CORPORATION

Apr 28, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P03000134031 04-28-2008 90320 045 ***150.00 CIRCLE N BAR RANCH, INC. Mailing Address Principal Place of Business 8210 LAKEWOOD RANCH BLVD. 8210 LAKEWOOD RANCH BLVD. BRADENTON, FL 34202 BRADENTON, FL 34202 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062008 CR2E034 (12/06) Cha-P City & State City & State Applied For 4 FELNumber 20-0401316 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHIER, JAMES R 8210 LAKEWOOD RANCH BLVD. Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34202 Zip Code City FL 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D,P TITLE ☐ Delete TITLE Change Addition WEIDEMILLER, DALE E NAME NAME 8210 LAKEWOOD RANCH BLVD. STREET ADDRESS STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-ZIP D.VP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHIER, JAMES R NAME 8210 LAKEWOOD RANCH BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BRADENTON, FL 34202 ☐ Delete TITLE ☐ Addition TITLE ☐ Change HEIM, PRISCILLA G NAME 8210 LAKEWOOD RANCH BLVD. STREET ADDRESS STREET ADDRESS BRADENTON, FL 34202 CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trusted appropriate 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 ap address, with all other like empowered.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Daytime Phone #

☐ Change

☐ Addition

FILED