FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90034 046 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000075737

1. Entity Name
RED HAWK CATTLE RANCH, INC.

50015789

Principal Place of Business	Mailing Address
~~1874 NW CR 661~~ ~~4433 Ch~~ ~~ARCADIA, FL 34266~~	POST OFFICE BOX 1874 ARCADIA, FL 34265

2. Principal Place of Business	3. Mailing Address
4433 Chase Oaks Dr	~~P.O. Box 1874~~
Suite, Apt. #, etc.	Suite, Apt. #, etc. 4433 Chase Oaks Dr
City & State: Sarasota, Fl.	City & State: ~~Arcadia Fl~~
Zip: 34241 / Country: Sarasota	Zip: ~~34266~~ / Country: DeSoto

02042005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1145843 ☐ 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
WALDRON, EUGENE E JR 124 NORTH BREVARD AVENUE ARCADIA, FL 34266 Sarasota Fl. 34241	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 ____________ ~~2/9/05~~
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVENSON, CHRISTOPHER C ~~POST OFFICE BOX 1874~~ 4433 Chase Oaks ~~ARCADIA, FL 34265~~ Sarasota, Fl. 34241	☐ 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
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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: ____________ 2/9/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #