

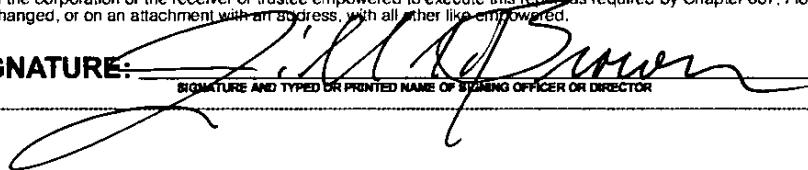


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90158 048 ***150.00

DOCUMENT # P04000102299 1. Entity Name JW RANCH ENTERPRISES, INC.					
Principal Place of Business 550 NE HWY 41 13982 NW 160th Ave WILLISTON, FL 32696 US				Mailing Address 550 NE HWY 41 P.O. Box 125 WILLISTON, FL 32696 US	
2. Principal Place of Business 13982 NW 160th Avenue Suite, Apt. #, etc.		3. Mailing Address PO Box 125 Suite, Apt. #, etc.			
City & State Williston FL		City & State Williston, FL		4. FEI Number 41-2054479	
Zip 32696		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32696		Country LEUV		6. Name and Address of Current Registered Agent SHARON C. BRANNAN, CPA PA 161 N. MAIN STREET WILLISTON, FL 32696	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE S, T NAME BROWN, JILL S STREET ADDRESS 550 NE HWY 41 CITY - ST - ZIP WILLISTON, FL 32696	<input type="checkbox"/> Delete		TITLE S, T NAME BROWN, JILL S STREET ADDRESS 13982 NW 160th AVENUE CITY - ST - ZIP WILLISTON FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PRES NAME BROWN, NATHAN W IV STREET ADDRESS 550 NE HWY 41 CITY - ST - ZIP WILLISTON, FL 32696	<input type="checkbox"/> Delete		TITLE PRES NAME BROWN, NATHAN W IV STREET ADDRESS 13982 NW 160th AVENUE CITY - ST - ZIP WILLISTON FL 32696	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-29-06 Daytime Phone # 352-529-2687		