


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90041 005 ***150.00

DOCUMENT # P04000105670 1. Entity Name LONE PALM RANCH CO.					
Principal Place of Business 701 LEMON BLUFF RD. OSTEEN, FL 32764			Mailing Address 701 LEMON BLUFF RD. OSTEEN, FL 32764		
2. Principal Place of Business - No P.O. Box # 1830 S. Kingway Dr. Suite, Apt. #, etc.		3. Mailing Address 1830 S. Kingway Dr. Suite, Apt. #, etc.			
City & State Deltona, FL Zip 32738		City & State Deltona, FL Zip 32738		4. FEI Number 51-0517912	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JAMIE L 701 LEMON BLUFF RD. OSTEEN, FL 32764			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1830 S. Kingway Dr. City Deltona FL Zip Code 32738		
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 Jamie L. Smith Jamie L. Smith 4/4/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, JAMIE L 701 LEMON BLUFF RD. OSTEEN, FL 32764 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1830 S. Kingway Dr. Deltona, FL 32738 <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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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 Jamie L. Smith Jamie L. Smith 4/4/07 321-262-2323 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					