2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # P04000164818 02-09-2006 90025 043 ***150.00 1. Entity Name LEONARD UNDERWOOD SR. RANCH MARINE, INC. Principal Place of Business Mailing Address 42845 JEWELL AVE DR 42845 JEWELL AVE DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address 42845 JEWEZC 5) Q 42845 JEWELL Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) DEL AWD City & State 4. FEI Number Applied For FLA DEZ MUIS 55-0887183 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 32720 32720 4 MKE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNDERWOOD, LEONARD Street Address (P.O. Box Number is Not Acceptable) 42845 JEWELL AVE DELAND FL 32720 City 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 egistered agent SIGNATURE (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **PVST** [] Change Addition BILE ☐ Delete UNDERWOOD, LEONARD NAME NAME STREET ADDRESS 42845 JEWELL AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 TITLE ☐ Change ☐ Addition TITI.E ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Defete □ Change TITLE TITLE Addition 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 Section 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.

FILED

Feb 09, 2006 8:00 am

1-30-06 352-589-0612