


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90090 007 \*\*\*150.00

DOCUMENT # P05000108273			
1. Entity Name LA BELLE RANCH SUPPLY, INC.			
Principal Place of Business 281 S BRIDGE ST LA BELLE, FL 33935 US		Mailing Address PO BOX 23063 FORT LAUDERDALE, FL 33307 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 281 S MAIN STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LABELLE FL	
Zip		Zip 33935	
Country		Country USA	
4. FEI Number 20-3253069		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ, MANUEL 2590 SE 9TH ST POMPANO BEACH, FL 33062		7. Name and Address of New Registered Agent Name BRAD MURRAY Street Address (P.O. Box Number is Not Acceptable) 281 S <del>MAIN</del> STREET Bridge City LABELLE FL Zip Code 33935	
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 <i>[Signature]</i>		DATE 4-30-07	
SIGNATURE, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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 MARTINEZ, MANUEL 2590 SE 9TH ST POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SETH HOWARD Bridge 281 S <del>MAIN</del> STREET LABELLE FL 33935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOLINA, ROSENVEL 500 DRIFTWOOD ROAD NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODNEY MURRAY Bridge 281 S <del>MAIN</del> STREET LABELLE FL 33935 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T MOLINA, REYNALDO 498 SE 13 ST POMPANO BEACH, FL 33060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRAD MURRAY Bridge 281 S <del>MAIN</del> STREET LABELLE FL 33935 <input type="checkbox"/> Change <input checked="" 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
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: <i>[Signature]</i>		DATE 4-30-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 863.675-4240	