
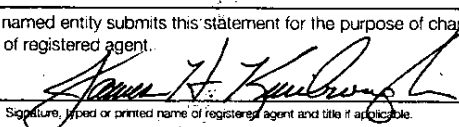
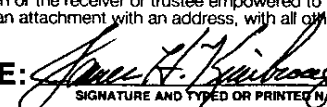


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90030 046 ***550.00

DOCUMENT # P05000115882 1. Entity Name SPRING LAKE RANCH, INC.					
Principal Place of Business 3563 N. GRAYHAWK LOOP LECANTO FL 34461			Mailing Address 3563 N. GRAYHAWK LOOP LECANTO FL 34461		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO BOX 10658 Suite, Apt. #, etc.			
City & State 		City & State BROOKSVILLE, FL		4. FEI Number 56-2531825	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34605		Country HERNANDO		Applied For Not Applicable	
6. Name and Address of Current Registered Agent FITZPATRICK, RICHARD S. 213 N. APOPKA AVE. INVERNESS FL 34450			7. Name and Address of New Registered Agent Name James H. Kimbrough Street Address (P.O. Box Number is Not Acceptable) 3563 N. GRAYHAWK LOOP City Lecanto FL Zip Code 34461		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIMBROUGH, JAMES H. 3563 N. GRAYHAWK LOOP LECANTO FL 34461		<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: 			James H. Kimbrough 8/18/06 352-422-2222		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		