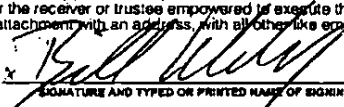


FILED
Jun 06, 2007 8:00 am
Secretary of State

05-02-2007 90105 012 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

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DOCUMENT # P06000113533			
1. Entity Name DEEP CYPRESS RANCH AND CATTLE CO., INC			
Principal Place of Business 203 N RIVER ST LABELLE, FL 33935		Mailing Address 203N RIVER ST LABELLE, FL 33935	
2. Principal Place of Business - No P.O. Box # 203 N RIVERVIEW ST		3. Mailing Address 203 N RIVERVIEW STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LABELLE FL		City & State LABELLE FL	
Zip 33935		Zip 33935	
Country USA		Country USA	
4. FEI Number 205473432		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MADDOX, BILL 203 N RIVERVIEW ST LABELLE, FL 33935		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 MADDOX, BILL 203 N RIVERVIEW ST LABELLE, FL 33935 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: 		4-30-07 663675-2281	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	