## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 01, 2006 08:00 AN Secretary of State DOCUMENT # P95000003945 1. Entity Name B. J. RANCH AND CATTLE CO., INC. Mailing Address Principal Place of Business 21305 FIRETHORN RD. 21305 FIRETHORN RD. EUSTIS, FL 32736 **EUSTIS, FL 32736** 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3297583 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, BEAR B DO NOT WRITE 21305 FIRETHORN RD. EUSTIS, FL 32736 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) UU00000557492 9. Election Campaign Financing 05/17/06-80053-003 150.00 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DΡ TITLE SMITH, BEAR 21305 FIRETHORN RD. STREET ADDRESS EUSTIS, FL 32736 CITY-ST-ZIP TITLE STREET ADDRESS CITY-\$T-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of Justee 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:

HILE NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #