2008 FOR PROFIT CORPORATION

Aug 28, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P95000003945 1. Entity Name 08-28-2008 90002 015 ***550 00 B. J. RANCH AND CATTLE CO., INC. Principal Place of Business Mailing Address 21305 FIRETHORN RD. 21305 FIRETHORN RD. EUSTIS, FL 32736 EUSTIS, FL 32736 3. Mailing Address P.O. Box 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 08022008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For EUSTIS FLORIDA 59-3297583 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32727-096 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, BEAR B Street Address (P.O. Box Number is Not Acceptable) 21305 FIRETHORN RD. EUSTIS, FL 32736 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 registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DΡ TITLE ☐ Delete TITLE ☐ Addition SMITH, BEAR NAME NAME STREET ADDRESS 21305 FIRETHORN RD. STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32736 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

8/25/2008

FILED