## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED May 03, 2004 8:00 am Secretary of State

Daytime Phone #

ANNOAL REPORT					Secretary of State				
DOCUMENT # P95000021315  1. Entity Name LA PRADERA RANCH, INC.					05-03-2004 90680 021 ***150.00				
Principal Place	e of Business	Mailing Address			1				
1600 NE 105 LN		1600 NE 105 LN						nani	
			ANTHONY, FL 32617				9407	1923(	)
					 	18/81 8111/ 88/11 8911/ PRI	1 <b>#1</b>    <b>0</b>    <b>1</b>    <b>1</b>    <b>1</b>    <b>1</b>    <b>1</b>    <b>1</b>    <b>1</b>    <b></b>	Ja 11181 11881 811	120) # 1 <b>82</b>
3 Principal P	Inco of Pusinosa	3. Mailing Address							
2. Principal Place of Business		3. Washing Address	s. Walling Address		·				<u>  1   1   1   1   1   1   1   1   1   1</u>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04242004	Cha B	CDSESS	A (40(00)	
					04242004	Chg-P	UNZEUS	4 (10/03)	
City & State		City & State			4. FEI Number				plied For
7:		7:-			59-3306	068			t Applicable
Zip	Country	Zip	Country		5. Certificate of	f Status Desired		8.75 Add ee Required	
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New R			
,			Name			±			
	N, VIVIEN L	Street	Street Address (P.O. Box Number is Not Acceptable)						
'2522 SW 2 OCALA, FI		3,166	Address (	F.O. BOX Number	15 NOT ACCEPTABLE	<u> </u>			
OOALA, I I	- 07777					•			
			City	******				Zip Code	
							FL	<u> </u>	
	named entity submits this statement ions of registered agent.	t for the purpose of changing	its registered office	or register	red agent, or both	i, in the State of Flo	rida. I am fa	amiliar with,	and accept
	,	•							
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (N	OTE: Registered Agent sig	nature required	when reinstating)	***	DATE		
· · · · · · · · · · · · · · · · · · ·			<del></del> -		,				<del></del> .
FIL	E NOW!!! FEE IS \$150.00	9. Election Camp	paign Financing	\$5	.00 May Be				
	ay 1, 2004 Fee will be \$55	0.00 Trust Fund Co	ontribution I	يا <sub>ب</sub> Add	led to Fees				
10.	OFFICERS A	ND DIRECTORS	11,		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTORS	5 IN 11
TITLE	PD ·	☐ Delete	TITLE					☐ Change	Addition
NAME	CASTRO, DAVID		NAME						
STREET ADDRESS	1600 NE 4105 LN		STREET ADDRES	s					į
CITY-ST-ZIP	ANTHONY, FL 32617		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME CIRCLI ADDRESS			NAME STREET ADDRES	,					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	°					
TITLE		□ Delete	TITLE					☐ Change	Addition
NAME		□ Delete	NAME					☐ Change	Addition
STREET ADDRESS		-	STREET ADDRES	s - · -		<u> </u>		-	
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					Change	Addition
NAME			NAME	-					
STREET ADDRESS			STREET ADORES CITY-ST-ZIP	s					
CITY-\$T-ZIP			<del></del>						
TITLE Name		☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS	-		STREET ADDRES	s					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME~-		- Doicte	NAME					— Similar	
STREET ADDRESS	5 m t	<b>&amp;</b>	STREET ADDRES	s.					
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP						
12. I hereby	certify that the information supplied of on this report or supplemental repo	with this filing does not qualify	for the exemption s	stated in Se	ection 1,19,07(3)(i)	, Florida Statutes.	I further certi	ify that the in	nformation
of the co	on this report or supplemental reporporation or the reserver or trustee e , or on an attachment with an addres	rt is true and accurate and that impowered to execute this rep	at my signature sha ort as required by (	ii nave the Chapter 60	same iegai ettect 7, Florida Statutes	as if made under ones; and that my nam	patn; that I al e appears in	m an officer Block 10 o	or airector r Block 11 if
changed	, or on an atrachment with an addre	ss, with all other like empower	ed						