2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2005 08:00 AM Secretary of State

Daytime Phone #

ANNUAL REPORT				Mar 05, 2005 08:00			
	JMENT # P9700002088]	Se	cretary of State		
1. Entity Name RANCH HOUSE PROPERTIES, INC.				1			
Principal Pla	ice of Business	failing Address	<u> </u>	1	•		
		6637 FOREST HILL BLVD WEST PALM BEACH, FL 33413	:				
	155 (41,12 55 700	icomatica de la companya de la comp	,) 	: (#251 (##2) ##2) ##3); ##3);		
				01252005	No Chg-P	CR2E034 (10/03)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numbe		Applied For	
				65-074		Not Applicable	
<u> </u>				5. Certificate	of Status Desired	S8.75 Additional Fee Required	
	6. Name and Address of Current Regis	stered Agent			· ·		
WELCH, EDWARD D 205 DATURA ST-4TH FLOOR WEST PALM BEACH, FL 33401				DO	NOT W	RITE	
			IN THIS SPACE				
				ו אוו	1110 0	ACL	
8. The above	named entity submits this statement for the	purpose of changing its registere	d office or register	ed agent, or both	n, in the State of Flo	rida. I am familiar with, and accept	
the obliga	tions of registered agent.		-	-			
SIGNATURE.	Signature, typed or printed name of registered agent, and title	if applicable. (NOTE, Registered	Agent signature required	when reinstating)		DATE	
		9. Election Campaign Finan	cino CE I	00.42		000252297	
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.				00 May Be ed to Fees	03/05/0	05-80020-016 150.00	
10.	TENTOFFICERS AND DIRECT	OTORS		<u> </u>			
TITLE NAME	D HUBBARD, WILLIAM B						
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TITLE			Control of the Assessment of t	• •			
NAME PERCEADORED							
STREET ADDRESS CITY-ST-ZIP		- · · · · · · · ·				į	
TITLE					4	į	
NAME]					
STREET ADDRESS		1)	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 his report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an affactment/with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: