

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000043583

1. Entity Name
POT-O-GOLD RANCH, INC.



Principal Place of Business
**1366 S. ESTATE POINT
INVERNESS, FL 34450**

Mailing Address
**1366 S. ESTATE POINT
INVERNESS, FL 34450**



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3445583	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HEIMANN, TINA M
1366 S. ESTATE POINT
INVERNESS, FL 34450**

**DO NOT WRITE
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

Tina M. Heimann
Signature of Registered Agent (Signature Required When Filing a Change of Registered Agent)

4/6/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HEIMANN, KENNETH L
STREET ADDRESS	1366 S. ESTATE POINT
CITY, ST, ZIP	INVERNESS, FL 34450

TITLE	D
NAME	HEIMANN, TINA M
STREET ADDRESS	1366 S. ESTATE POINT
CITY, ST, ZIP	INVERNESS, FL 34450

TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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CITY, ST, ZIP	

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05/03/04-80148-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 embossed.

SIGNATURE:

Kenneth L. Heimann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone