

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2005 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

DO NOT WRITE IN THIS SPACE



07152005 No Chg-P CR2E034 (10/03)

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

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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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/28/05-80004-008 158.75

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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)(f), 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.

SIGNATURE:

KEN HEIMANN KEN HEIMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/05
Date

352-726-2499
Daytime Phone #