

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90132 004 \*\*\*150.00

<b>DOCUMENT # P97000075918</b>					
<b>1. Entity Name</b> SHADY PINES RANCH, INC.					
<b>Principal Place of Business</b> 8029 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470			<b>Mailing Address</b> 8029 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03272007    Chg-P    CR2E034 (12/06)	
Zip		Country		<b>4. FEI Number</b> 65-0779998	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
INKELL, THEODORE J 8029 SEMINOLE PRATT WHITNEY RD LOXAHATCHEE, FL 33470			Name <u>INKELL, Deloris M.</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>SAME</u> <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE <u>Deloris M. Inkell</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>3-27-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$350.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD INKELL, THEODORE J III 8029 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD INKELL, DELORIS M 8029 SEMINOLE PRATT WHITNEY ROAD LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD INKELL, THEODORA J IV 3060 AUTUMN WOODS COURT DOUGLASVILLE, GA 30135	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD (SAME)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
SIGNATURE: <u>Deloris M. Inkell</u>			SIGNATURE: <u>Deloris M. Inkell</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>3/27/07</u> DAYTIME PHONE # <u>561-686-1110</u>		