


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000083958		
1. Entity Name AWESOME R.V. RANCH, CORP.		
Principal Place of Business 6489 U.S. HWY 441 SE OKEECHOBEE, FL 34974	Mailing Address 6489 U.S. HWY 441 SE OKEECHOBEE, FL 34974	



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0864684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, LAWRENCE W
 6489 U.S. HWY 441 SE
 OKEECHOBEE, FL 34974

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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 _____ (NOTE: Registered Agent signature required when re/instating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SMITH, LAWRENCE W 6489 HWY 441 SE OKEECHOBEE, FL 349749572
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST SMITH, CORINNE J 6489 HWY 441 SE OKEECHOBEE, FL 349749572
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD SMITH, LAWRENCE W II 6489 HWY 441 SE OKEECHOBEE, FL 349749572
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/04/05-80098-012 150.00

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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 lines empowered.

SIGNATURE: Corinne J. Smith Secy 1-27-05 863-357-2403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Corinne J. Smith