


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90009 022 ***550.00

DOCUMENT # P98000097570	
1. Entity Name FLYING DAIRT RANCH, INC.	

Principal Place of Business 777 ALTURAS RD BARTOW FL 33830 US	Mailing Address 331 SOUTH FIRST STREET LAKE WALES FL 33853
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 777 ALTURAS RD. Suite, Apt. #, etc.
City & State	City & State BARTOW FL
Zip Country	Zip 33830 Country USA



MOORE CR2E034 (4/04)

6. Name and Address of Current Registered Agent FITZGERALD, KENNETH B 331 SOUTH FIRST STREET LAKE WALES FL 33853	7. Name and Address of New Registered Agent Name FITZGERALD, CONNIE M Street Address (P.O. Box Number is Not Acceptable) 777 ALTURAS RD. City BARTOW FL Zip Code 33830
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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 *Connie M. Fitzgerald* **Connie M. Fitzgerald PS** **8-25-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FITZGERALD, KENNETH B 777 ALTURAS RD BARTOW FL 33830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FITZGERALD, CONNIE M 777 ALTURAS RD. BARTOW, FL 33830 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FITZGERALD, CONNIE M 777 ALTURAS RD BARTOW FL 33830 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FITZGERALD, KENNETH B 777 ALTURAS RD. BARTOW, FL 33830 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE *Connie M. Fitzgerald* **Connie M. Fitzgerald** **863-537-3500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #