

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90014 047 \*\*\*150.00

<b>DOCUMENT # P99000019646</b> 1. Entity Name <b>BLACK RIVER RANCH, INC.</b>					
Principal Place of Business <b>1701 SW CAPRI VILLA 174 PALM CITY, FL 34990</b>			Mailing Address <b>% T. MICHAEL CROOK, CPA 33 FLAGLER AVENUE STUART, FL 34994</b>		
2. Principal Place of Business - No P.O. Box # <b>3353 SE Gran Park Way</b> Suite, Apt. #, etc. <b>Stuart FL</b> City & State <b>34997 USA</b>		3. Mailing Address Suite, Apt. #, etc.  City & State  Zip Country			
4. FEI Number <b>65-0906487</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				01312008 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> <b>CROOK, T. MICHAEL, CPA 33 FLAGLER AVENUE STUART, FL 34994</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <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	<b>D</b> <b>DONOVAN, LOIS C</b> <input checked="" type="checkbox"/> Delete <b>1701 SW CAPRI VILLA 174</b> <b>PALM CITY, FL 34990</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Renee Ciferri</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Renee Ciferri / Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>3353 SE Gran Park Way</b> <b>Stuart, FL 34997</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Michael Ciferri, Jr</b> <b>3353 Gran Park Way</b> <b>Stuart FL 34997</b> <b>Director</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Danielle Meira</b> <b>Officer</b> <b>"Same as above"</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Catherine Scott</b> <b>Officer</b> <b>"Same as above"</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jessica Ciferri</b> <b>Officer</b> <b>Same as above</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:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> <span><b>1/3/08</b></span> <span><b>772-286-3360</b></span> </div> <small>Date Daytime Phone #</small>		