2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

uzion1

SIGNATURE AND TYPED OF PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## May 03, 2005 8:00 am DOCUMENT # P99000089931 Secretary of State 1. Entity Name 05-03-2005 90156 042 \*\*\*150.00 D E RANCH, INC. Principal Place of Business Mailing Address 6700 S FLORIDA AVE PO BOX 7667 どりりつばりひり LAKELAND FL 33807 LAKELAND FL 33813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3603488 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELLSWORTH, W. WM. JR. Street Address (P.O. Box Number is Not Acceptable) 6700 S. FLORIDA AVE. SUITE 6 LAKELAND FL 33813 City Zip Code 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 reinstating) DATE St. 74 . FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD 117LE A Change ☐ Addition TITLE ☐ Delete ELLSWORTH, W. MW JR. NAME NAME ELLSWORTH. W. Wm., Jr. 6700 S. FLORIDA AVE. #6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP ۷P ☐ Defete TITLE Change Addition TITLE NAME NAME Doris W. Ellsworth STREET ADDRESS STREET ADDRESS 6700 S. Florida A venue, Suite #6 CITY-ST-7P CITY-ST-ZIP Lakeland, Florida 33813 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

President

**FILED** 

4/25/05

863-644-9197

Daytime Phone #