

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


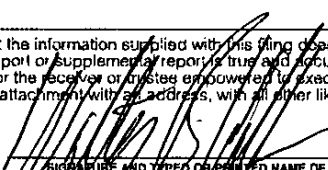
**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90150 028 \*\*\*150.00

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01302005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000102222</b>			
1. Entity Name <b>RED DEVON RANCH, INC.</b>			
Principal Place of Business <b>223 PARK ROAD NORTH ROYAL PALM BEACH, FL 33411</b>		Mailing Address <b>P O BOX 2048 BELLE GLADE, FL 33430</b>	
2. Principal Place of Business <b>200 NW AVENUE L</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>BELLE GLADE, FL</b>		City & State	
Zip <b>33430</b>	Country	Zip	Country
4. FEI Number <b>65-0964942</b>		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 <b>WILKINSON, WALTER B 223 PARK ROAD NORTH ROYAL PALM BEACH, FL 33411</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>200 NW AVENUE L</b> City <b>BELLE GLADE FL</b> Zip Code <b>33430</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.			
SIGNATURE _____		WALTER B. WILKINSON (NOTE: Registered Agent signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WILKINSON, WALTER B 223 PARK ROAD NORTH ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200 NW AVENUE L BELLE GLADE, FL 33430
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
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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)(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: 		WALTER B. WILKINSON 2-2800 561-996-2800 Date Daytime Phone #	