## FILED 2006, FOR PROFIT CORPORATION ANNUAL REPORT Feb 27, 2006 08:00 AN Secretary of State DOCUMENT # P99000105964 1. Entity Name HARTS RANCH, INC. Mailing Address Principal Place of Business 7575 COFFEE ROAD 7575 COFFEE ROAD MOORE HAVEN, FL 33471 MOORE HAVEN, FL 33471 CR2E034 (11/05) 02102006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0965951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HART, FREDERICK V DO NOT WRITE 7575 COFFEE ROAD MOORE HAVEN, FL 33471 IN THIS SPACE 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 it applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HART, FREDERICK V NAME STREET ADDRESS 7575 COFFEE ROAD CITY-ST-ZIP MOORE HAVEN, FL 33471 TITLE 100000448369 NAME 03/09/06-80010-015 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption shared 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 hall 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 119, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE TANGENE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2-23-06 863-227-2269