2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURÉ:

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P99000109524 1. Entity Name 04-25-2005 90239 049 ***150.00 BROKEN E. RANCH & FENCE, INC. Principal Place of Business Mailing Address 6255 HONORE AVENUE 6255 HONORE AVENUE SARASOTA FL 34238 SARASOTA FL 34238 2. Principal Place of Business 3. Mailing Address 1460 Fox CREEK DR Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State 4. FEI Number City & State Applied For 65-0970051 SARASOTA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGINNESS, W. LEE Street Address (P.O. Box Number is Not Acceptable) 1800 SECOND STREET SUITE 971 SARASOTA FL 34236 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition UNDERHILL, EARL W NAME NAME 1460 FOX CREEK DR SARASOTA FC 34340 STREET ADDRESS 6255 HONORE AVE. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34238 CITY-ST-ZIP TITLE ST ☐ Delete TATLE Addition UNDERHILL, CAROL R NAME NAME 1460 FOX CREEKDR. STREET ADDRESS 6255 HONORE AVE. STREET ADDRESS SARASOTA FL 34238 CITY-ST-7IP CITY-ST-ZIP TITLE 🔀 Delete TITLE ☐ Change ☐ Addition NAME UNDERHILL, RICHARD E NAME STREET ADDRESS 2121 ARDEN DR. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Сhaлge Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED