## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 01, 2006 8:00 am Secretary of State DOCUMENT # P99000109524 1. Entity Name 03-01-2006 90030 025 \*\*\*150.00 BROKEN E. RANCH, INC. Principal Place of Business Mailing Address 6255 HONORE AVENUE SARASOTA FL 34238 1460 FOX CREEK DRIVE SARASOTA FL 34240 3. Mailing Address 2. Principal Place of Business 1460 FOX CREEK DR. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 65-0970051 GARASOTA Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired П ÚSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 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. TITLE ☐ Delete TITLE Change ☐ Addition NAME UNDERHILL, EARL W NAME STREET ADDRESS STREET ADDRESS 1460 FOX CREEK DRIVE CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 TITLE Delete TITLE ☐ Change ☐ Addition NAME UNDERHILL, CAROL R STREET ADDRESS STREET ADDRESS 1460 FOX CREEK DRIVE CITY-ST-ZIP SARASOTA FL 34240 CITY-ST-ZIP Delete ☐ Addition TITLE UNDERHILL, RICHARD E NAME STREET ADDRESS STREET ADDRESS 2121 ARDEN DR. CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 34242 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition THLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 altother like empowered.

CAROL R.

FILED