


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State


04-01-2004 90011 008 ***150.00

DOCUMENT # P99000111862	
1. Entity Name LABELLE RANCH, INC.	

Principal Place of Business 5514 PARK BLVD PINELLAS PARK FL 33781 US	Mailing Address 5514 PARK BLVD PINELLAS PARK FL 33781 US
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2. Principal Place of Business 1710 B Road	3. Mailing Address c/o R. Santerre
Suite, Apt. #, etc.	Suite, Apt. #, etc. 500 5th Ave So #522

City & State Labelle FL	City & State Naples, FL
Zip 33975	Country Hendry
Zip 34102	Country Collier

	
MOORE	CR2E034 (11/03)
4. FEI Number 59-3621922	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent COLLINS, MARTHA M ESQ. 721 1ST AVE. NORTH ST. PETERSBURG FL 33701	
7. Name and Address of New Registered Agent Name Donald P. Reed Esq Street Address (P.O. Box Number is Not Acceptable) 100 2nd Ave South #200-S City ST Petersburg FL Zip Code 33701	

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 Donald P. Reed Signature, typed or printed name of registered agent and title if applicable.	DATE 3/30/04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BRODERICK, ROGER B 5514 PARK BLVD PINELLAS PARK FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SANTERRE, RICHARD J P.T. 500 - FIFTH AVE S., STE 522 NAPLES FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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: Richard J. Santerre SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 2-9-04 DAYTIME PHONE # 239 262 2800