




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90154 050 \*\*\*150.00

<b>DOCUMENT # S99381</b> 1. Entity Name <b>BEXLEY RANCH, INC.</b>					
Principal Place of Business <b>6332 WISTERIA LP <del>OK</del></b> <b>LAND O' LAKES, FL 34639 US</b>				Mailing Address <b>P.O. BOX 007</b> <b>LAND O' LAKES, FL 34639-0007 US</b>	
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 469</b> Suite, Apt. #, etc.		  02222005    Chg-P    CR2E034 (10/03)	
City & State		City & State <b>Oxford FL</b>			
Zip      Country		Zip      Country <b>34484      USA</b>			
4. FEI Number <b>59-3097320</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>BEXLEY, PATRICK B.</b> <b>6332 WISTERIA LP</b> <b>LAND O' LAKES, FL 34639</b>	
7. Name and Address of New Registered Agent Name					
Street Address (P.O. Box Number is Not Acceptable)					
City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ESTATE OF SOLON C. BEXLEY, JR. <del>6332 WISTERIA LP</del> <del>LAND O' LAKES, FL</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 469</b> <b>OXFORD FL 34484</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete ESTATE OF PATRICIA B. BEXLEY <del>6332 WISTERIA LP</del> <del>LAND O' LAKES, FL</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 469</b> <b>OXFORD FL 34484</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BEXLEY, CRAIG L. <del>6332 WISTERIA LP</del> <del>LAND O' LAKES, FL</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 469</b> <b>OXFORD, FL 34484</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BEXLEY, PATRICK B. <del>6332 WISTERIA LP</del> <del>LAND O' LAKES, FL</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P.O. Box 469</b> <b>OXFORD FL 34484</b>	
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	
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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>2/24/2005</b> <b>(352) 748-6062</b> <small>Date      Daytime Phone #</small>		