

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

DOCUMENT # V02947

1. Entity Name

DEER RUN RANCH, INC.



**FILED  
Apr 20, 2005 8:00 am  
Secretary of State**

04-20-2005 90343 010 \*\*\*150.00

50040391



1st MOORE CR2E034 (10/04)

Principal Place of Business  
PO BOX 1248  
OKEECHOBEE FL 34973

Mailing Address

PO BOX 1248  
OKEECHOBEE FL 34973

2. Principal Place of Business  
**12005 NE 120TH STREET**

Suite, Apt. #, etc.

3. Mailing Address  
**12005 NE 120TH STREET**

Suite, Apt. #, etc.

City & State  
**OKEECHOBEE FL**

City & State  
**OKEECHOBEE, FL**

4. FEI Number  
**65-0307436**

Applied For  
Not Applicable

Zip  
**34972**

Country  
**OKEECHOBEE**

Zip  
**34972**

Country  
**OKEECHOBEE**

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CANNON, KEVIN S.  
219 E LIVINGSTON ST.  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name  
**JAMES O'CONNELL**

Street Address (P.O. Box Number is Not Acceptable)

**12005 NE 120TH STREET**

City

**OKEECHOBEE**

FL

Zip Code  
**34972**

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

*James O'Connell*  
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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DP  
GANNON, T.J.  
12005 NE 120TH ST  
OKEECHOBEE FL**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PRESIDENT - DP  
JAMES P. O'CONNELL  
12005 NE 120TH STREET  
OKEECHOBEE, FL 34972**

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**PRESIDENT  
JAMES O'CONNELL  
12005 NE 120TH STREET  
OKEECHOBEE FL**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

Change

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: *James O'Connell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #